QUALITY ASSURANCE MANUAL

Quality Assurance/Quality Control Policies and Procedures

Pace Analytical Services, LLC – Indianapolis
7726 Moller Road
Indianapolis, IN 46268
(317)228-3100

APPROVAL

Steve Sayer
General Manager
(317)228-3100

June 20, 2018
Date

Beth Schrage
Quality Manager
(317)228-3100

June 19, 2018
Date

Anne Troyer
Technical Director
(317)228-3100

June 19, 2018
Date

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1.0. INTRODUCTION AND ORGANIZATIONAL STRUCTURE

"Working together to protect our environment and improve our health"
Pace Analytical Services LLC - Mission Statement

1.1. Introduction to Pace

1.1.1. Pace Analytical Services, LLC (Pace) is a privately held, full-service analytical testing firm operating a nationwide system of laboratories. Pace offers extensive services beyond standard analytical testing, including: bioassay for aquatic toxicity, air toxics, dioxins and coplanar PCB's by high resolution mass spectroscopy , radiochemical analyses, product testing, pharmaceutical testing, field services and mobile laboratory capabilities. This document defines the Quality System and Quality Assurance (QA)/Quality Control (QC) protocols.

1.1.2. Pace laboratories are capable of analyzing a full range of environmental samples from a variety of matrices, including air, surface water, wastewater, groundwater, soil, sediment, biota, and other waste products. Methods are applied from regulatory and professional sources including EPA, ASTM, USGS, NIOSH, Standard Methods, and State Agencies. Section 11 of this document is a representative listing of general analytical protocol references.

1.2. Statement of Purpose

1.2.1. To meet the business needs of our customers for high quality, cost-effective analytical measurements and services.

1.3. Quality Policy Statement and Goals of the Quality System

1.3.1. Pace management is committed to maintaining the highest possible standard of service and quality for our customers by following a documented quality system that is compliant with all current applicable state, federal, and industry standards, such as the NELAC Standard, the TNI Standard, and ISO standards and is in accordance with the stated methods and customer requirements. The overall objective of this quality system is to provide reliable data of known quality through adherence to rigorous quality assurance policies and quality control procedures as documented in this Quality Assurance Manual.

1.3.2. All personnel within the Pace network are required to be familiar with all facets of the quality system relevant to their position and implement these policies and procedures in their daily work.

1.4. Core Values

1.4.1. The following are the Pace Core Values:

- **Integrity**
- **Value Employees**
- **Know Our Customers**
- **Honor Commitments**

- **Flexible Response To Demand**
- **Pursue Opportunities**
- **Continuously Improve**

1.5. Code of Ethics and Standards of Conduct

1.5.1. **Code of Ethics**:

1.5.1.1. Each Pace employee is responsible for the propriety and consequences of his or her actions;

1.5.1.2. Each Pace employee must conduct all aspects of Company business in an ethical and strictly legal manner, and must obey the laws of the United States and of all localities, states and nations where Pace does business or seeks to do business;

1.5.1.3. Each Pace employee must reflect the highest standards of honesty, integrity and fairness on behalf of the Company with customers, suppliers, the public, and one another.

1.5.1.4. Each Pace employee must recognize and understand that our daily activities in environmental laboratories affect public health as well as the environment and that environmental laboratory analysts are a critical part of the system society depends upon to improve and guard our natural resources:

1.5.2. **Standards of Conduct:**

1.5.2.1. **Data Integrity**

1.5.2.1.1. The accuracy and integrity of the analytical results and its supporting documentation produced at Pace are the cornerstones of the company. Employees are to accurately prepare and maintain all technical records, scientific notebooks, calculations, and databases. Employees are prohibited from making false entries or misrepresentations of data for any reason.

1.5.2.1.2. Managerial staff must make every effort to ensure that personnel are free from any undue pressures that may affect the quality or integrity of their work including commercial, financial, over-scheduling, and working condition pressures.

1.5.2.1.3. The data integrity system includes in-depth, periodic monitoring of data integrity including peer data review and validation, internal raw data audits, proficiency testing studies, etc.

1.5.2.1.4. Any documentation related to data integrity issues, including any disciplinary actions involved, corrective actions taken, and notifications to customers must be retained for a minimum of five years.

1.5.2.2. **Confidentiality**

1.5.2.2.1. Pace employees must not use or disclose confidential or proprietary information except when in connection with their duties at Pace. This is effective over the course of employment and for an additional period of two years thereafter.

1.5.2.2.2. Confidential or proprietary information, belonging to either Pace and/or its customers, includes but is not limited to test results, trade secrets, research and development

matters, procedures, methods, processes and standards, company-specific techniques and equipment, marketing and customer information, inventions, materials composition, etc.

1.5.2.3. **Conflict of Interest**

1.5.2.3.1. Pace employees must avoid situations that might involve a conflict of interest or could appear questionable to others. This includes participation in activities that conflict or appear to conflict with the employees' Pace responsibilities. This would also include offering or accepting anything that might influence the recipient or cause another person to believe that the recipient may be influenced to behave or in a different manner than he would normally (such as bribes, gifts, kickbacks, or illegal payments).

1.5.2.3.2. Employees are not to engage in outside business or economic activity relating to a sale or purchase by the Company. Other problematic activities include service on the Board of Directors of a competing or supplier company, significant ownership in a competing or supplier company, employment for a competing or supplier company, or participation in any outside business during the employee's work hours.

1.5.3. Strict adherence by each Pace employee to this Code of Ethics and to the Standards of Conduct is essential to the continued vitality of Pace and to continue the pursuit of our common mission to protect our environment and improve our health.

1.5.4. Failure to comply with the Code of Ethics and Standards of Conduct will result in disciplinary action up to and including termination and referral for civil or criminal prosecution where appropriate. An employee will be notified of an infraction and given an opportunity to explain, as prescribed under current disciplinary procedures.

1.5.5. Compliance: all employees undergo annual Data Integrity/Ethics training which includes the concepts listed above. All employees also sign an annual Ethic Policy statement.

1.6. Anonymous Compliance Alertline

1.6.1. An ethical and safe workplace is important to the long-term success of Pace and the well-being of its employees. Pace has a responsibility to provide a work environment where employees feel safe and can report unethical or improper behavior in complete confidence. With this in mind, Pace has engaged Lighthouse Services, Inc. to provide all employees with access to an anonymous ethics and compliance alertline for reporting possible ethics and compliance violations. The purpose of this service is to ensure that any employee can report anonymously and without fear of retaliation.

1.6.2. Lighthouse Services provides a toll-free number along with several other reporting methods, all of which are available 24 hours a day, seven days a week for use by employees and staff.

1.6.3. Telephone: English speaking USA and Canada: (844)-970-0003.

1.6.4. Telephone: Spanish speaking North America: (800)-216-1288.

1.6.5. Website: www.lighthouse-services.com/pacelabs.

1.6.6. Email: reports@lighthouse-services.com (must include company name with report).

1.7. Laboratory Organization

1.7.1. Each laboratory within the system operates with local management, but all labs share common systems and receive support from the Corporate Office. See Attachment III for the Corporate Organizational structure.

1.7.2. A Senior General Manager (SGM) oversees all laboratories and service centers in their assigned region. Each laboratory or facility in the company is then directly managed by an SGM, a General Manager (GM), an Assistant General Manager (AGM), or an Operations Manager (OM). Quality Managers (QM) or Senior Quality Managers (SQM) at each laboratory report directly to the highest level of local laboratory management, however named, that routinely makes day-to-day decisions regarding that facility's operations. The QMs and SQMs will also receive guidance and direction from the corporate Director of Environmental Quality.

1.7.3. The SGM, GM, AGM or OM, or equivalent functionality in each facility, bears the responsibility for the laboratory operations and serves as the final, local authority in all matters. In the absence of these managers, the SQM/QM serves as the next in command, unless the manager in charge has assigned another designee. He or she assumes the responsibilities of the manager, however named, until the manager is available to resume the duties of their position. In the absence of both the manager and the SQM/QM, management responsibility of the laboratory is passed to the Technical Director, provided such a position is identified, and then to the most senior department manager until the return of the lab manager or SQM/QM. The most senior department manager in charge may include the Client Services Manager (CSM) or the Administrative Business Manager (ABM) at the discretion of the SGM/GM/AGM/OM.

1.7.4. A Technical Director who is absent for a period of time exceeding 15 consecutive calendar days shall designate another full-time staff member meeting the qualifications of the technical director to temporarily perform this function. The laboratory SGM/GM/AGM/OM or SQM/QM has the authority to make this designation in the event the existing Technical Director is unable to do so. If this absence exceeds 35 consecutive calendar days, the primary accrediting authority shall be notified in writing.

1.7.5. The SQM/QM has the responsibility and authority to ensure the Quality System is implemented and followed at all times. In circumstances where a laboratory is not meeting the established level of quality or following the policies set forth in this Quality Assurance Manual, the SQM/QM has the authority to halt laboratory operations should he or she deem such an action necessary. The SQM/QM will immediately communicate the halting of operations to the SGM/GM/AGM/OM and keep them posted on the progress of corrective actions. In the event the SGM/GM/AGM/OM and the SQM/QM are not in agreement as to the need for the suspension, the Chief Operating Officer (COO) and Director of Environmental Quality will be called in to mediate the situation.

1.7.6. The technical staff of the laboratory is generally organized into the following functional groups:

- Organic Extractions
- Wet Chemistry Analysis
- Metals Analysis
- Volatiles Analysis
- Semi-volatiles Analysis

1.7.7. The organizational structure for Pace – Indianapolis is listed in Attachment II. In the event of a change in SGM/GM/AGM/OM, SQM/QM, or any Technical Director, the laboratory will notify its

accrediting authorities per their individual required timeframes, not to exceed 30 days. The QAM will remain in effect until the next scheduled revision.

1.8. Laboratory Job Descriptions

1.8.1. Senior General Manager

- Oversees all functions of all the operations within their designated region;
- Oversees the development of local GMs/AGMs/OMs within their designated region;
- Oversees and authorizes personnel development including staffing, recruiting, training, workload scheduling, employee retention and motivation;
- Oversees the preparation of budgets and staffing plans for all operations within their designated region;
- Ensures compliance with all applicable state, federal and industry standards;
- Works closely with Regional Sales Management.

1.8.2. General Manager

- Oversees all functions of their assigned operations;
- Authorizes personnel development including staffing, recruiting, training, workload scheduling, employee retention and motivation;
- Prepares budgets and staffing plans;
- Monitors the Quality Systems of the laboratory and advises the SQM/QM accordingly;
- Presents the Ethics/Data Integrity training annually to all employees in their facilities as an instructor-led training.
- Ensures compliance with all applicable state, federal and industry standards.

1.8.4. Quality Manager

- Responsible for implementing, maintaining and improving the quality system while functioning independently from laboratory operations. Reports directly to the highest level of local laboratory facility management, however named, that routinely makes day-to-day decisions regarding laboratory operations, but receives direction and assistance from the Corporate Director of Environmental Quality;
- Ensures that communication takes place at all levels within the lab regarding the effectiveness of the quality system and that all personnel understand their contributions to the quality system;
- Monitors QA/QC activities to ensure that the laboratory achieves established standards of quality (as set forth by the Corporate Environmental Quality office). The QM is responsible for reporting the lab's level of compliance to these standards to the Corporate Director of Environmental Quality on a quarterly basis;
- Maintains records of quality control data and evaluates data quality;
- Conducts periodic internal audits and coordinates external audits performed by regulatory agencies or customer representatives;
- Reviews select laboratory data and final reports;
- Reviews tenders, contracts and QAPPs to ensure the laboratory can meet the data quality objectives for any given project;
- Reviews and maintains records of proficiency testing results;

- Maintains the document control system;
- Assists in development and implementation of appropriate training programs;
- Provides technical support to laboratory operations regarding methodology and project QA/QC requirements;
- Maintains certifications from federal and state programs;
- Ensures compliance with all applicable state, federal and industry standards;
- Maintains the laboratory training records, including those in the Learning Management System (LMS), and evaluates the effectiveness of training;
- Monitors corrective and preventive actions;
- Maintains calibration of support equipment such as balances and thermometers;
- Maintains the currency of the Quality Manual.

1.8.5. **Technical Director**

- Monitors the standards of performance in quality assurance and quality control data;
- Monitors the validity of analyses performed and data generated;
- May review tenders, contracts and QAPPs to ensure the laboratory can meet the data quality objectives for any given project;
- Serves as the manager of the laboratory in the absence of the SGM/GM/AGM/OM and SQM/QM;
- Provides technical guidance in the review, development, and validation of new methodologies.

1.8.6. **Administrative Business Manager**

- Responsible for financial and administrative management for the entire facility;
- Provides input relative to tactical and strategic planning activities;
- Organizes financial information so that the facility is run as a fiscally responsible business;
- Works with staff to confirm that appropriate processes are put in place to track revenues and expenses;
- Provide ongoing financial information to the SGM/GM/AGM/OM and the management team so they can better manage their business;
- Utilizes historical information and trends to accurately forecast future financial positions;
- Works with management to ensure that key measurements are put in place to be utilized for trend analysis—this will include personnel and supply expenses, and key revenue and expense ratios;
- Works with SGM/GM/AGM/OM to develop accurate budget and track on an ongoing basis;
- Works with entire management team to submit complete and justified capital budget requests and to balance requests across departments;
- Works with project management team and administrative support staff to ensure timely and accurate invoicing.

1.8.7. **Client Services Manager**

- Oversees all the day to day activities of the Client Services Department which includes Project Management and, possibly, Sample Control;
- Responsible for staffing and all personnel management related issues for Client Services;

- Serves as the primary senior consultant to customers on all project related issues such as set up, initiation, execution and closure;
- Performs or is capable of performing all duties listed for that of Project Manager.

1.8.8. **Project Manager**

- Coordinates daily activities including taking orders, reporting data and analytical results;
- Serves as the primary technical and administrative liaison between customers and Pace;
- Communicates with operations staff to update and set project priorities;
- Provides results to customers in the requested format (verbal, hardcopy, electronic, etc.);
- Works with customers, laboratory staff, and other appropriate Pace staff to develop project statements of work or resolve problems of data quality;
- Responsible for solicitation of work requests, assisting with proposal preparation and project initiation with customers and maintain customer records;
- Mediation of project schedules and scope of work through communication with internal resources and management;
- Responsible for preparing routine and non-routine quotations, reports and technical papers;
- Interfaces between customers and management personnel to achieve customer satisfaction;
- Manages large-scale complex projects;
- Supervises less experienced project managers and provide guidance on management of complex projects;
- Arranges bottle orders and shipment of sample kits to customers;
- Verifies login information relative to project requirements and field sample Chains-of-Custody;
- Enters project and sample information in the Laboratory Information Management System (LIMS) for scheduling, tracking and reporting purposes.

1.8.9. **Project Coordinator**

- Enters project and sample information in the Laboratory Information Management System (LIMS) for scheduling, tracking and reporting purposes.

1.8.10. **Department Manager/Supervisor**

- Oversees the day-to-day production and quality activities of their assigned department;
- Ensures that quality assurance and quality control criteria of analytical methods and projects are satisfied;
- Assesses data quality and takes corrective action when necessary;
- Approves and releases technical and data management reports;
- Trains analysts or oversees training of analysts in laboratory operations and analytical procedures;
- Ensures compliance with all applicable state, federal and industry standards.

1.8.11. **Quality Assurance Analyst**

- Assists the SQM/QM in the performance of quality department responsibilities as delegated by the SQM/QM;

- Reviews select laboratory data and final reports;
- Generates and reviews QC data validation packages;
- Assists in monitoring QA/QC data;
- Assists in internal audits;
- Assists in maintaining training records;
- Assists in maintaining the document control system.

1.8.12. Group Supervisor/Leader

- Trains analysts in laboratory operations and analytical procedures;
- Organizes and schedules analyses with consideration for sample holding times;
- Implements data verification procedures by assigning data verification duties to appropriate personnel;
- Evaluates instrument performance and supervises instrument calibration and preventive maintenance programs;
- Reports non-compliance situations to laboratory management including the SQM/QM.

1.8.13. Laboratory Analyst

- Performs detailed preparation and analysis of samples according to published methods and laboratory procedures;
- Processes and evaluates raw data obtained from preparation and analysis steps;
- Generates final results from raw data, performing primary review against method criteria;
- Monitors quality control data associated with analysis and preparation. This includes examination of raw data such as chromatograms as well as an inspection of reduced data, calibration curves, and laboratory notebooks;
- Reports data in LIMS, authorizing for release pending secondary approval;
- Conducts routine and non-routine maintenance of equipment as required;
- Performs or is capable of performing all duties associated with that of Laboratory Technician.

1.8.14. Laboratory Technician

- Prepares standards and reagents according to published methods or in house procedures;
- Performs preparation and analytical steps for basic laboratory methods;
- Works under the direction of a Laboratory Analyst on complex methodologies;
- Assists Laboratory Analysts on preparation, analytical or data reduction steps for complex methodologies;
- Monitors quality control data as required or directed. This includes examination of raw data such as chromatograms as well as an inspection of reduced data, calibration curves, and laboratory notebooks.

1.8.15. Field Technician

- Prepares and samples according to published methods, PACE Quality Assurance Manual and/or customer directed sampling objectives;
- Capable of the collection of representative environmental or process samples;
- Reviews project documentation for completeness, method compliance and contract fulfillment;

- Train less experienced environmental technicians and provide guidance on sampling and analysis;
- Responsible for project initiation and contact follow-up;
- Develop sampling plans and prepare test plan documents.

1.8.16. **Sample Receiving Personnel**

- Signs for incoming samples and verifies the data entered on the Chain of custody forms;
- Stages samples according to EPA requirements;
- Assists Project Managers and Coordinators in filling bottle orders and sample shipments;
- May enter project and sample information in the Laboratory Information Management System (LIMS) for scheduling, tracking and reporting purposes;
- Manages sample storage areas and sample disposal procedures.

1.8.17. **Systems Administrator or Systems Manager**

- Assists with the creation and maintenance of electronic data deliverables (EDDs);
- Coordinates the installation and use of all hardware, software and operating systems;
- Performs troubleshooting on all aforementioned systems;
- Trains new and existing users on systems and system upgrades;
- Maintains all system security passwords;
- Maintains the electronic backups of all computer systems.

1.8.18. **Safety/Chemical Hygiene Officer**

- Maintains the laboratory Chemical Hygiene Plan;
- Plans and implements safety policies and procedures;
- Maintains safety records;
- Organizes and/or performs safety training;
- Performs safety inspections and provides corrective/preventative actions;
- Assists personnel with safety issues.

1.8.19. **Hazardous Waste Coordinator**

- Evaluates waste streams and helps to select appropriate waste transportation and disposal companies;
- Maintains complete records of waste disposal including waste manifests and state reports;
- Assists in training personnel on waste-related issues such as waste handling and storage, waste container labeling, proper satellite accumulation, secondary containment, etc.;
- Conducts a weekly inspection of the waste storage areas of the laboratory.

1.9. Training and Orientation

1.9.1. Training for Pace employees is managed through web-based training systems. Employees are provided with several training activities for their particular job description and scope of duties. These training activities may include:

- Hands-on training led by supervisors;
- Job-specific training checklists and worksheets;
- Lectures and instructor-led training sessions;
- Method-specific training;
- External conferences and seminars;
- Reading Standard Operating Procedures (SOPs);
- Reading the Quality Assurance Manual and Safety Manual/Chemical Hygiene Plan;
- Core training modules (basic lab skills, etc.);
- Quality system training modules (support equipment use, corrective actions/root causes, etc.);
- Data Integrity/Ethics training;
- Specialized training by instrument manufacturers;
- On-line courses.

1.9.2. All procedures and training records are maintained and available for review during laboratory audits. Additional information can be found in the *Training Procedures* SOP or its equivalent replacement.

1.10. Laboratory Safety and Waste

1.10.1. It is the policy of Pace to make safety and waste compliance an integral part of daily operations and to ensure that all employees are provided with safe working conditions, personal protective equipment, and requisite training to do their work without injury. Each employee is responsible for his/her own safety as well as those working in the immediate area by complying with established company rules and procedures. These rules and procedures as well as a more detailed description of the employees' responsibilities are contained in the local Safety Manual/Chemical Hygiene Plan.

1.11. Security and Confidentiality

1.11.1. Security is maintained by controlled access to laboratory buildings. Exterior doors to laboratory buildings remain either locked or continuously monitored by Pace staff. Keyless door locks are accessible only to authorized personnel through the use of assigned key fobs. All visitors, including PACE staff from other facilities, must sign the Visitor's Logbook maintained by the receptionist. A staff member will accompany them during the duration of their stay on the premises unless the SGM/GM/AGM/OM, SQM/QM, or Technical Director specify otherwise. In this instance, the staff member will escort the visitor back to the reception area at the end of his/her visit where he/she signs out.

1.11.2. Additional security is provided where necessary, (e.g., specific secure areas for sample, data, and customer report storage), as requested by customers, or cases where national security is of concern. These areas are lockable within the facilities, or are securely offsite. Access is limited to specific individuals or their designees.

1.11.3. All information pertaining to a particular customer, including national security concerns will remain confidential. Data will be released to outside agencies only with written authorization from the customer or where federal or state law requires the company to do so.

1.12. Communications

1.12.1. Management within each lab bears the responsibility of ensuring that appropriate communication processes are established and that communication takes place regarding the effectiveness of the management/quality system. These communication processes may include email, regular staff meetings, senior management meetings, etc.

1.12.2. Corporate management bears the responsibility of ensuring that appropriate communication processes are established within the network of facilities and that communication takes place at a company-wide level regarding the effectiveness of the management/quality systems of all Pace facilities. These communication processes may include email, quarterly continuous improvement conference calls for all lab departments, and annual continuous improvement meetings for all department supervisors, quality managers, client services managers, and other support positions.

2.0. SAMPLE CUSTODY

2.1. Project Initiation

2.1.1. Prior to accepting new work, the laboratory reviews its performance capability. The laboratory confirms that sufficient personnel, equipment capacity, analytical method capability, etc., are available to complete the required work. Customer needs, certification requirements, and data quality objectives are defined and the appropriate sampling and analysis plan is developed to meet the project requirements by project managers or sales representatives. Members of the management staff review current instrument capacity, personnel availability and training, analytical procedures capability, and projected sample load. Management then informs the sales and client services personnel whether or not the laboratory can accept the new project via written correspondence, email, and/or daily operations meetings.

2.1.2. Additional information regarding specific procedures for reviewing new work requests can be found in the *Review of Analytical Requests* SOP or its equivalent replacement.

2.2. Sampling Materials and Support

2.2.1. Each individual Pace laboratory provides shipping containers, properly preserved sample containers, custody documents, and field quality control samples to support field-sampling events. Guidelines for sample container types, preservatives, and holding times for a variety of methods are listed in Attachment VII. Note that all analyses listed are not necessarily performed at all Pace laboratories and there may be additional laboratory analyses performed that are not included in these tables. Customers are encouraged to contact their local Pace Project Manager for questions or clarifications regarding sample handling. Pace may provide pick-up and delivery services to their customers when needed.

2.2.2. Some Pace facilities provide sampling support through a Field Services department. Field Services operates under the Pace Corporate Quality System, with applicable and necessary provisions to address the activities, methods, and goals specific to Field Services. All procedures and methods used by Field Services are documented in SOPs and Procedure Manuals.

2.3. Chain of Custody

2.3.1. A chain of custody (COC) provides the legal documentation of samples from time of collection to completion of analysis.

2.3.2. Field personnel or client representatives must complete a COC for all samples that are received by the laboratory. Samplers are required to properly complete a COC. This is critical to efficient sample receipt and to ensure the requested methods are used to analyze the correct samples. If sample shipments are not accompanied by the correct documentation, the Sample Receiving department notifies a Project Manager. The Project Manager then obtains the correct documentation/information from the customer in order for analysis of samples to proceed.

2.3.3. The COC is filled out completely and legibly with indelible ink. Errors are corrected by drawing a single line through the initial entry and initialing and dating the change. All transfers of samples are recorded on the chain of custody in the “relinquished” and “received by” sections. All information except signatures is printed.

2.3.4. Additional information can be found in the *Sample Management* SOP or its equivalent replacement.

2.4. Sample Acceptance Policy

2.4.1. In accordance with regulatory guidelines, Pace complies with the following sample acceptance policy for all samples received.

2.4.2. If the samples do not meet the sample receipt acceptance criteria outlined below, the laboratory is required to document all non-compliances, contact the customer, and either reject the samples or fully document any decisions to proceed with analyses of samples which do not meet the criteria. Any results reported from samples not meeting these criteria are appropriately communicated to the client.

2.4.3. Sample Acceptance Policy requirements:

- Sample containers must have unique client identification designations that are clearly marked with indelible ink on durable, water-resistant labels. The client identifications must match those on the chain-of-custody (COC).
- There must be clear documentation on the COC, or related documents that lists the unique sample identification, sampling site location, date and time of sample collection, and name of the sample collector.
- There must be clear documentation on the COC, or related documents that lists the requested analyses, the preservatives used, and any special remarks concerning the samples (i.e., data deliverables, samples are for evidentiary purposes, field filtration, etc.).
- Samples must be in appropriate sample containers. If the sample containers show signs of damage (i.e., broken or leaking) or if the samples show signs of contamination, the samples will not be processed without prior client approval.
- Samples must be correctly preserved upon receipt, unless the method requested allows for laboratory preservation. If the samples are received with inadequate preservation, and the samples cannot be preserved by the lab appropriately, the samples will not be processed without prior client approval.
- Samples must be received within required holding time. Any samples with hold times that are exceeded will not be processed without prior client approval.
- Samples must be received with sufficient sample volume or weight to proceed with the analytical testing. If insufficient sample volume or weight is received, analysis will not proceed without client approval.
- All samples that require thermal preservation are considered acceptable if they are received at a temperature within 2°C of the required temperature, or within the method-specified range. For samples with a required temperature of 4°C, samples with a temperature ranging from just above freezing to 6°C are acceptable. Samples that are delivered to the lab on the same day they are collected are considered acceptable if the samples are received on ice. Any samples that are not received at the required temperature will not be processed without prior client approval.
- Samples for **drinking water compliance** analyses will be rejected at the time of receipt if they are not received in a secure manner, are received in inappropriate containers, are received outside the required temperature range, are received outside the recognized holding time, are received with inadequate identification on sample containers or COC, or are

improperly preserved (with the exception of VOA samples- tested for pH at time of analysis and TOC- tested for pH in the field).

- Some specific clients may require custody seals. **For these clients**, samples or coolers that are not received with the proper custody seals will not be processed without prior client approval.

Note 1: Temperature will be read and recorded based on the precision of the measuring device. For example, temperatures obtained from a thermometer graduated to 0.1°C will be read and recorded to ± 0.1°C. Measurements obtained from a thermometer graduate to 0.5°C will be read to ± 0.5°C. Measurements read at the specified precision are not to be rounded down to meet the ≤ 6°C limit. Please reference the Support Equipment SOP for more information.

Note 2: Some microbiology methods allow sample receipt temperatures of up to 10°C. Consult the specific method for microbiology samples received above 6°C prior to initiating corrective action for out of temperature preservation conditions.

2.4.4. Upon sample receipt, the following items are also checked and recorded:

- Presence of custody seals or tapes on the shipping containers;
- Sample condition: Intact, broken/leaking, bubbles in VOA samples;
- Sample holding time;
- Sample pH and residual chlorine when required;
- Appropriate containers.

2.4.5. Additional information can be found in the *Sample Management* SOP or its equivalent replacement.

2.5. Sample Log-in

2.5.1. After sample inspection, all sample information on the COC is entered into the Laboratory Information Management System (LIMS). The lab's permanent records for samples received include the following information:

- Customer name and contact
- Customer number
- Pace Analytical project number
- Pace Analytical Project Manager
- Sample descriptions
- Due dates
- List of analyses requested
- Date and time of laboratory receipt
- Field ID code
- Date and time of collection
- Any comments resulting from inspection for sample rejection

2.5.2. If the time collected for any sample is unspecified and Pace is unable to obtain this information from the customer, the laboratory will use 08:00 as the time sampled. All hold times will be based on this sampling time and qualified accordingly if exceeded.

2.5.3. The LIMS automatically generates a unique identification number for each sample created in the system. The LIMS sample number follows the general convention of 50XXXXXX. This unique identification number is placed on the sample container as a durable label and becomes the link between the laboratory's sample management system and the customer's field identification; it will be a permanent reference number for all future interactions.

2.5.4. Sample labels are printed from the LIMS and affixed to each sample container.

2.5.5. Additional information can be found in the *Sample Management* SOP or its equivalent replacement.

2.6. Sample Storage

2.6.1. Additional information on sample storage can be found in the *Sample Management* SOP or its equivalent replacement and in the *Waste Handling and Management* SOP or its equivalent replacement.

2.6.2. **Storage Conditions**

2.6.2.1. Samples are stored away from all standards, reagents, or other potential sources of contamination. Samples are stored in a manner that prevents cross contamination. Volatile samples are stored separately from other samples. All sample fractions, extracts, leachates, and other sample preparation products are stored in the same manner as actual samples or as specified by the analytical method.

2.6.2.2. Storage blanks are stored with volatile samples and are used to measure cross-contamination acquired during storage. Laboratories must have documented procedures and criteria for evaluating storage blanks, appropriate to the types of samples being stored.

2.6.2.3. Additional information can be found in the *Monitoring Temperature Controlled Units* SOP or its equivalent replacement**.**

2.6.3. **Temperature Monitoring**

2.6.3.1. Samples are taken to the appropriate storage location immediately after sample receipt and check-in procedures are completed. All sample storage areas are located in limited access areas and are monitored to ensure sample integrity.

2.6.3.2. The temperature of each refrigerated storage area is maintained at $\leq 6^{\circ}C$ but above freezing unless state, method or program requirements differ. The temperature of each freezer storage area is maintained at $\leq -10^{o}C$ unless state, method or program requirements differ. The temperature of each storage area is checked and documented each day of use. If the temperature falls outside the acceptable limits, the following corrective actions are taken and appropriately documented:

- The temperature is rechecked after a period of time, usually two hours, to verify temperature exceedance. Corrective action is initiated and documented if necessary.
- The SQM/QM and/or laboratory management are notified if the problem persists.
- The samples are relocated to a proper environment if the temperature cannot be maintained after corrective actions are implemented.
- The affected customers are notified and/or documentation is provided on the final report, if necessary.

2.6.3.3. Additional information can be found in the *Monitoring Temperature Controlled Units* SOP or its equivalent replacement.

2.6.4. **Hazardous Materials**

2.6.4.1. Samples designated by clients upon receipt as pure product or potentially heavily contaminated samples, or samples found to be designated as such following analysis, must be labeled to indicate the hazard and stored separately from other samples.

2.6.5. **Foreign/Quarantined Soils**

2.6.5.1. Foreign soils and soils from domestic USDA quarantined areas must be adequately segregated to prevent cross-contamination and enable proper sample disposal. The USDA requires these samples and by-products to be properly identified and handled and to be treated by an approved procedure prior to disposal or as part of disposal.

2.6.5.2. Additional information regarding USDA regulations and sample handling can be found in the laboratory's *Regulated Soil Handling* SOP or its equivalent replacement.

2.7. Subcontracting Analytical Services

2.7.1. Every effort is made to perform all analyses for Pace customers within the laboratory that receives the samples. When subcontracting to a laboratory other than the receiving laboratory, whether inside or outside the Pace network, becomes necessary, a preliminary verbal communication with that laboratory is undertaken. Customers are notified in writing of the laboratory's intention to subcontract any portion of the testing to another laboratory. Work performed under specific protocols may involve special considerations. When possible, subcontracting will be to a TNI-accredited laboratory.

2.7.2. Potential subcontract laboratories must be approved by Pace based on the criteria listed in SOP S-IN-C-003 *Subcontracting Samples* or its equivalent revision or replacement. All sample reports from the subcontracted labs are appended to the applicable Pace final reports.

2.7.3. Any Pace work sent to other labs within the Pace network is handled as inter-regional work and all final reports are labeled clearly with the name of the laboratory performing the work. Any non-TNI work is clearly identified. Pace will not be responsible for analytical data if the subcontract laboratory was designated by the customer.

2.7.4. Additional information can be found in the *Subcontracting Samples* SOP or its equivalent replacement.

2.8. Sample Retention and Disposal

2.8.1. Samples, extracts, digestates, and leachates must be retained by the laboratory for the period of time necessary to protect the interests of the laboratory and the customer.

2.8.2. The minimum sample retention time is 45 days from receipt of the samples. Samples requiring thermal preservation may be moved to ambient temperature storage when the hold time is expired, when the report has been delivered, and/or when allowed by the customer, program, or contract. Samples requiring storage beyond the minimum sample retention time due to special requests or contractual obligations may be stored at ambient temperature unless the laboratory has sufficient capacity and their presence does not compromise the integrity of other samples.

2.8.3. After this period expires, non-hazardous samples are properly disposed of as non-hazardous waste. The preferred method for disposal of **hazardous** samples is to return the excess sample to the customer. If it is not feasible to return samples, or the customer requires Pace to dispose of excess samples, proper arrangements will be made for disposal by an approved contractor.

2.8.4. Additional information can be found in the *Waste Handling and Management* SOP and the *Sample Management* SOP or their equivalent replacements.

3.0. QUALITY CONTROL PROCEDURES

3.1. Quality Control Samples

3.1.1. The quality control samples described in this section are analyzed per batch as applicable to the method used. Acceptance criteria must be established for all quality control samples and if the acceptance criteria are not met, corrective actions must be performed and samples reanalyzed, or the final report must be appropriately qualified.

3.1.2. Quality control samples must be processed in the same manner as associated client samples.

3.1.3. Please reference the glossary of this Quality Manual for definitions of all quality control samples mentioned in this section.

3.1.4. Any deviations to the policies and procedures governing quality control samples must be approved by the QM/SQM.

3.2. Method Blank

3.2.1. A method blank is a negative control used to assess the preparation/analysis system for possible contamination and is processed through all preparation and analytical steps with its associated client samples. The method blank is processed at a minimum frequency of one per preparation batch and is comprised of a matrix similar to the associated client samples. Method blanks are not applicable for certain analyses (i.e., pH, flash point, temperature, etc.).

3.2.2. Each method blank is evaluated for contamination. Corrective actions for blank contamination may include the re-preparation and re-analysis of all samples (where possible) and quality control samples. Data qualifiers must be applied to results that are affected by contamination in a method blank.

3.2.3. Please reference method-specific SOPs for acceptance criteria and associated corrective actions for method blanks.

3.3. Laboratory Control Sample

3.3.1. The Laboratory Control Sample (LCS) is a positive control used to assess the performance of the entire analytical system including preparation and analysis. The LCS is processed at a minimum frequency of one per preparation batch and is comprised of a matrix similar to the associated client samples.

3.3.2. The LCS contains all analytes required by a specific method or by the customer or regulatory agency, which may not include the full list of target compounds. In the absence of specified components, the laboratory will spike the LCS with the following compounds:

- For multi-peak analytes (e.g. PCBs, technical chlordane, toxaphene), a representative standard will be processed.
- For methods with long lists of analytes, a representative number of target analytes may be chosen. The following criteria is used to determine the number of LCS compounds used:
    - For methods with 1-10 target compounds, the laboratory will spike with all compounds;
    - For methods with 11-20 target compounds, the laboratory will spike with at least 10 compounds or 80%, whichever is greater;

- For methods with greater than 20 compounds, the laboratory will spike with at least 16 compounds.

3.3.3. The LCS is evaluated against the method default or laboratory-derived acceptance limits. Any compound that is outside of these limits is considered to be 'out of control' and must be qualified appropriately. Any sample containing a compound that was 'out-of-control' in the associated LCS must either be re-analyzed with a successful LCS or reported with the appropriate data qualifier. When the result of the LCS exceeds the upper control limit, indicating high bias, associated samples determined to be non-detect may be reported without qualification.

3.3.4. For LCSs containing a large number of analytes, it is statistically likely that a few recoveries will be outside of control limits. This does not necessarily mean that the system is out of control, and therefore no corrective action would be necessary other than proper documentation. TNI has allowed for a minimum number of marginal exceedances, defined as recoveries that are beyond the LCS control limits (3X the standard deviation) but within than the marginal exceedance limits (4X the standard deviation). The number of allowable exceedances depends on the number of compounds in the LCS. If more analyte recoveries exceed the LCS control limits than is allowed (see below) or if any one analyte exceeds the marginal exceedance limits, then the LCS is considered non-compliant and corrective actions are necessary. The number of allowable exceedances is as follows:

- >90 analytes in the LCS- 5 analytes
- 71-90 analytes in the LCS- 4 analytes
- 51-70 analytes in the LCS- 3 analytes
- 31-50 analytes in the LCS- 2 analytes
- 11-30 analytes in the LCS- 1 analyte
- <11 analytes in the LCS- no analytes allowed out)

3.3.5. A matrix spike (MS) can be used in place of a non-compliant LCS in a batch as long as the MS passes the LCS acceptance criteria. When this happens, full documentation must be made available to the data user. If this is not allowed by a customer or regulatory body, the associated samples must be rerun with a compliant LCS when possible or reported with appropriate data qualifiers.

3.3.6. Please reference method-specific SOPs for acceptance criteria and associated corrective actions for LCSs.

3.4. Matrix Spike/Matrix Spike Duplicate (MS/MSD)

3.4.1. A matrix spike (MS) is a positive control used to determine the effect of the sample matrix on compound recovery for a particular method. A matrix spike/matrix spike duplicate (MS/MSD) set or matrix spike/sample duplicate set is processed at a frequency specified in a particular method or as determined by a specific customer request. The MS and MSD consist of the sample matrix that is spiked with known concentrations of target analytes.

3.4.2. The MS and MSD contain all analytes required by a specific method or by the customer or regulatory agency. In the absence of specified components, the laboratory will spike the MS/MSD with the same number of compounds as previously discussed in the LCS section.

3.4.3. A matrix spike and sample duplicate will be performed instead of a matrix spike and matrix spike duplicate when specified by the customer or method or when limited sample volume or weight prohibits the analysis of an MS/MSD set.

3.4.4. The MS and MSD are evaluated against the method or laboratory derived limits. Any compound that is outside of these limits is considered to be 'out of control' and must be qualified appropriately. Batch acceptance; however, is based on method blank and LCS performance, not on MS/MSD recoveries. The spike recoveries give the data user a better understanding of the final results based on their site-specific information.

3.4.5. Please reference method-specific SOPs for acceptance criteria and associated corrective actions for MS/MSDs.

3.5. Sample Duplicate

3.5.1. A sample duplicate is a second portion of sample that is prepared and analyzed in the laboratory along with the first portion. It is used to measure the precision associated with preparation and analysis. A sample duplicate is processed at a frequency specified by the particular method or as determined by a specific customer.

3.5.2. The sample and duplicate are evaluated against the method or laboratory limits for relative percent difference (RPD). Any duplicate that is outside of these limits is considered to be 'out of control' and must be qualified appropriately.

3.5.3. Please reference method-specific SOPs for acceptance criteria and associated corrective actions for sample duplicates.

3.6. Surrogates

3.6.1. Surrogates are compounds that reflect the chemistry of target analytes and are added to samples for most organic analyses to measure the extraction efficiency or purge efficiency and to monitor the effect of the sample matrix on surrogate compound recovery.

3.6.2. The surrogates are evaluated against the method or laboratory derived acceptance limits. Any surrogate compound that is outside of these limits is considered to be 'out of control' and must be qualified appropriately. Samples with surrogate failures are typically re-extracted and/or re-analyzed to confirm that the out-of-control value was caused by the matrix of the sample and not by some other systemic error. An exception to this would be samples that have surrogate recoveries that exceed the upper control limit but have no reportable hits for target compounds. These samples would be reported and qualified to indicate the implied high bias would not affect the final results.

3.6.3. Please reference method-specific SOPs for acceptance criteria and associated corrective actions for surrogates.

3.7. Internal Standards

3.7.1. Internal Standards are method-specific analytes that are added, as applicable, to every standard, QC sample, and client sample at a known concentration, prior to analysis for the purpose of adjusting the response factor used in quantifying target analytes.

3.7.2. Please reference method-specific SOPs for acceptance criteria and associated corrective actions for internal standards.

3.8. Limit of Detection (LOD)

3.8.1. Pace laboratories use a documented procedure to determine a limit of detection (LOD) for each analyte of concern in each matrix reported. Unless otherwise noted in a published method, the procedure used by Pace laboratories to determine LODs is based on the Method Detection Limit (MDL) procedure outlined in 40 CFR Part 136, Appendix B, August 28, 2017. All sample processing steps of the preparation and analytical methods are included in the LOD determination including any clean ups.

3.8.2. Additional information can be found in the *Determination of Detection and Quantitation Limits* SOP or its equivalent replacement.

3.9. Limit of Quantitation (LOQ)

3.9.1. A limit of quantitation (LOQ) for every analyte of concern must be determined. For Pace laboratories, this LOQ is referred to as the RL, or Reporting Limit. The RL may or may not be based on the lowest calibration standard concentration used in the initial calibration. Results below the lowest calibration level may not be reported without qualification since the results would not be substantiated by a calibration standard. For methods with a determined LOD, results can be reported below the LOQ but above the LOD if they are properly qualified (e.g., J flag).

3.9.2. Additional information can be found in the *Determination of Detection and Quantitation Limits* SOP or its equivalent replacement.

3.10. Estimate of Analytical Uncertainty

3.10.1. Pace can provide an estimation of uncertainty for results generated by the laboratory. The estimate quantifies the error associated with any given result at a 95% confidence interval. This estimate does not include bias that may be associated with sampling or sample matrix. The laboratory has a procedure in place for making this estimation. In the absence of a regulatory or customer-specific procedure, Pace laboratories base this estimation on the recovery data obtained from the Laboratory Control Samples (LCS). The uncertainty is a function of the standard deviation of the recoveries multiplied by the appropriate Student's t Factor at 95% confidence. Additional information pertaining to the estimation of uncertainty and the exact manner in which it is derived are contained in the *Estimation of Measurement Uncertainty* SOP or its equivalent replacement.

3.10.2. The measurement of uncertainty is provided only on request by the customer, as required by specification or regulation and when the result is used to determine conformance within a specification limit.

3.11. Proficiency Testing (PT) Studies

3.11.1. Pace laboratories participate in a defined proficiency testing (PT) program. PT samples are obtained from NIST-approved providers and analyzed and reported a minimum of two times per year for the relevant fields of testing per matrix.

3.11.2. The laboratory initiates an investigation whenever PT results are determined to be ”Not Acceptable” by the PT provider. All findings and corrective actions taken are reported to the SQM/QM or their designee. A corrective action plan is initiated and, when required, this report is sent to the appropriate state accreditation agencies for their review. Additional PTs will be analyzed and reported as needed for certification purposes.

3.11.3. Additional information can be found in the *Proficiency Testing Program* SOP or its equivalent replacement.

3.12. Rounding and Significant Figures

3.12.1. In general, Pace laboratories report data to no more than three significant figures. The rounding rules listed below are descriptive of the LIMS and not necessarily of any supporting program such as Excel.

3.12.2. **Rounding:** Pace - Indianapolis follows the odd / even guidelines for rounding numbers:

- If the figure following the one to be retained is less than five, that figure is dropped and the retained ones are not changed (with three significant figures, 2.544 is rounded to 2.54).
- If the figure following the ones to be retained is greater than five, that figure is dropped and the last retained one is rounded up (with three significant figures, 2.546 is rounded to 2.55).
- If the figure following the ones to be retained is five and if there are no figures other than zeros beyond that five, then the five is dropped and the last figure retained is unchanged if it is even and rounded up if it is odd (with three significant figures, 2.525 is rounded to 2.52 and 2.535 is rounded to 2.54).

3.12.3. **Significant Figures**

3.12.3.1. Pace - Indianapolis observes the following convention for reporting to a specified number of significant figures. Unless specified by federal, state, or local requirements or on specific request by a customer, the laboratory reports:

Values > 10 – Reported to 3 significant figures
Values ≤ 10 – Reported to 2 significant figures

3.13. Retention Time Windows

3.13.1. When chromatographic conditions are changed, retention times and analytical separations are often affected. As a result, two critical aspects of any chromatographic method are the determination and verification of retention times and analyte separation. Retention time windows must be established for the identification of target analytes. The retention times of all target analytes in all calibration verification standards must fall within appropriately determined retention time windows. If an analyte falls outside the retention time window in an ICV or CCV, new absolute retention time windows must be calculated, unless instrument maintenance fixes the problem. New retention time windows must be established when column geometry is affected by maintenance.

3.13.2. Please reference method-specific SOPs for the proper procedure for establishing retention time windows.

3.14. Analytical Method Validation and Instrument Validation

3.14.1. In some situations, Pace develops and validates methodologies that may be more applicable to a specific problem or objective. When non-standard methods are required for specific projects or analytes of interest, when the laboratory develops or modifies a method, or when the laboratory brings new instrumentation online, the laboratory validates the method and/or instrument prior to applying it to customer samples. Method validity is established by meeting criteria for precision and accuracy as established by the data quality objectives specified by the end user of the data. The laboratory records the validation procedure, the results obtained and a statement as to the usability of the method. The minimum requirements for method or instrument validation include evaluation of sensitivity, quantitation, precision, bias, and selectivity of each analyte of interest.

3.15. Regulatory and Method Compliance

3.15.1. It is Pace policy to disclose in a forthright manner any detected noncompliance affecting the usability of data produced by our laboratories. The laboratory will notify customers within 30 days of fully characterizing the nature of the nonconformance, the scope of the nonconformance and the impact it may have on data usability.

4.0. DOCUMENT MANAGEMENT AND CHANGE CONTROL

4.1. Document Management

4.1.1. Additional information can be found in the *Document Control and Management* SOP or its equivalent replacement. Information on Pace's policy for electronic signatures can also be found in this SOP.

4.1.2. Pace has an established procedure for managing documents that are part of the quality system.

4.1.3. A master list of managed documents is maintained at each facility identifying the current revision status and distribution of any controlled documents.

4.1.4. Each managed document is uniquely identified to include the date of issue, the revision identification, page numbers, the total number of pages and the issuing authorities. For complete information on document numbering, refer to the *Document Numbering* SOP or its equivalent replacement.

4.1.5. **Quality Assurance Manual (QAM):** The Quality Assurance Manual is the company-wide document that describes all aspects of the quality system for Pace. The base QAM template is distributed by the Corporate Environmental Quality Department to each of the SQMs/QMs. The local management personnel modify the necessary and permissible sections of the base template then applicable lab staff will sign the Quality Assurance Manual. Each SQM/QM is then in charge of distribution to employees, external customers or regulatory agencies and maintaining a distribution list of controlled document copies. The Quality Assurance Manual template is reviewed on an annual basis and revised accordingly by the Corporate Quality office.

4.1.6. **Standard Operating Procedures (SOPs)**

4.1.6.1. SOPs are reviewed every two years at a minimum; although, a more frequent review may be required by some state or federal agencies or customers. If no revisions are made based on this review, documentation of the review itself is made by the addition of new signatures on the cover page. If revisions are made, documentation of the revisions is made in the revisions section of each SOP and a new revision number is applied to the SOP. This provides a historical record of all revisions.

4.1.6.2. All copies of superseded SOPs are removed from general use and the original copy of each SOP is archived for audit or knowledge preservation purposes. This ensures that all Pace employees use the most current version of each SOP and provides the SQM/QM with a historical record of each SOP.

4.1.6.3. Additional information can be found in the *Preparation of SOPs* SOP or its equivalent replacement.

4.2. Document Change Control

4.2.1. Additional information can be found in the *Document Control and Management* SOP or its equivalent replacement.

4.2.2. Changes to managed documents are reviewed and approved in the same manner as the original review. Any revision to a document requires the approval of the applicable signatories. After

revisions are approved, a revision number is assigned and the previous version of the document is officially retired.

4.2.3. All copies of the previous document are replaced with copies of the revised document and the superseded copies are destroyed or archived. All affected personnel are advised that there has been a revision and any necessary training is scheduled.

5.0. EQUIPMENT AND MEASUREMENT TRACEABILITY

5.1. Standards and Traceability

5.1.1. Each Pace facility retains pertinent information for standards, reagents, and chemicals to assure traceability to a national standard. This includes documentation of purchase, receipt, preparation, and use.

5.1.2. Upon receipt, all purchased standard reference materials are recorded into a standard logbook or database and assigned a unique identification number. The entries include the facility's unique identification number, the chemical name, manufacturer name, manufacturer's identification numbers, receipt date, and expiration date. Vendor's certificates of analysis for all standards, reagents, or chemicals are retained for future reference.

5.1.3. Subsequent preparations of intermediate or working solutions are also documented in a standard logbook or database. These entries include the stock standard name and lot number, the manufacturer name, the solvents used for preparation, the solvent lot number and manufacturer, the preparation steps, preparation date, expiration dates, preparer's initials, and a unique Pace identification number. This number is used in any applicable sample preparation or analysis logs so the standard can be traced back to the standard preparation record. This process ensures traceability back to the national standard.

5.1.4. Prepared standard or reagent containers include the Pace identification number, the standard or chemical name, and expiration date. The date of preparation, concentration with units, and the preparer's initials can be determined by tracing the standard or reagent ID through the standard log database.

5.1.5. Initial calibrations must be verified with a standard obtained from a second manufacturer or a separate lot prepared independently by the same manufacturer, unless client-specific QAPP requirements state otherwise.

5.1.6. Reference standards and reference materials must be handled, stored, and maintained in a manner that prevents contamination and/or deterioration. Reference standards and reference materials must be stored per manufacturer's recommendations to avoid degradation and stored away from other materials that could contaminate them. Handle reference standards and reference materials with care to avoid evaporation, contamination, degradation or concentration of the material. If it is necessary to package and transport or ship any reference standard or reference material, consult with the manufacturer for proper packaging, labeling and shipping instructions to prevent damage, contamination or deterioration.

5.1.7. Additional information concerning the procurement of standards and reagent and their traceability can be found in the *Standard and Reagent Management and Traceability* SOP or its equivalent replacement.

5.2. General Analytical Instrument Calibration Procedures

5.2.1. Applicable instrumentation are calibrated or checked before use to ensure proper functioning and verify that laboratory, client and regulatory requirements are met. All calibrations are performed by, or under the supervision of, an experienced analyst at scheduled intervals against either certified standards traceable to recognized national standards or reference standards whose values have been statistically validated.

5.2.2. Calibration standards for each parameter are chosen to establish the linear range of the instrument and must bracket the concentrations of those parameters measured in the samples. The lowest calibration standard is the lowest concentration for which quantitative data may be reported. Data reported below this level is considered to have less certainty and must be reported using appropriate data qualifiers or explained in a narrative. The highest calibration standard is the highest concentration for which quantitative data may be reported. Data reported above this level is considered to have less certainty and must be reported using appropriate data qualifiers or explained in the narrative.

5.2.3. Instrumentation or support equipment that cannot be calibrated to specification or is otherwise defective is clearly labeled as out-of-service until it has been repaired and tested to demonstrate it meets the laboratory's specifications. All repair and maintenance activities including service calls are documented in the maintenance log. Equipment sent off-site for calibration testing is packed and transported to prevent breakage and is in accordance with the vendor's recommendations.

5.2.4. In the event that recalibration of a piece of test equipment indicates the equipment may have been malfunctioning during the course of sample analysis, an investigation is performed. The results of the investigation along with a summary of the information reviewed are documented and maintained by the quality manager. Customers must be notified within 30 days after the data investigation is completed and the impact to final results is assessed. This allows for sufficient investigation and review of documentation to determine the impact on the analytical results. Instrumentation found to be consistently out of calibration is either repaired and positively verified or taken out of service and replaced.

5.2.5. Raw data records are retained to document equipment performance. Sufficient raw data is retained to reconstruct the instrument calibration and explicitly connect the continuing calibration verification to the initial calibration.

5.2.6. Please reference the *Calibration Procedures* SOP or its equivalent replacement and SOPs for specific methods for more detailed calibration information.

5.3. Support Equipment Calibration and Verification Procedures

5.3.1. All support equipment is calibrated or verified at least annually using NIST traceable references over the entire range of use, as applicable. The results of calibrations or verifications must be within the specifications required or the equipment will be removed from service until brought back into control. Additional information regarding calibration and maintenance of support equipment can be found in the *Support Equipment* SOP or its equivalent replacement.

5.3.2. On each day of use, balances, ovens, refrigerators, incubators, freezers and water baths are checked in the expected range of use with NIST traceable references in order to ensure the equipment meets laboratory specifications. These checks are documented appropriately.

5.3.3. **Analytical Balances**

5.3.3.1. Each analytical balance is calibrated or verified annually by a qualified service technician. The calibration of each balance is verified each day of use with weights traceable to NIST bracketing the range of use. Working calibration weights are ASTM Class 1 or other class weights that have been calibrated against a reference weight set that is re-certified every 5 years, at a minimum, by the manufacturer or other qualified vendor, against a NIST traceable reference. If balances are calibrated by an external vendor, verification of their weights must be

available upon request. All information pertaining to balance maintenance and calibration is recorded on the balance's monitoring log and/or is maintained on file in the local Quality department.

5.3.4. **Thermometers**

5.3.4.1. Certified, or reference, thermometers are maintained for checking calibration of working thermometers. Reference thermometers are provided with NIST traceability for initial calibration and are re-certified every 3 years, at a minimum by the manufacturer or other qualified vendor with equipment directly traceable to NIST.

5.3.4.2. Working thermometers and temperature sensors that are electronic, digital or mechanical are verified against the reference thermometer quarterly according to corporate metrology procedures. Working thermometers that are liquid-in-glass are verified against the reference thermometer annually according to corporate metrology procedures. Alternatively, working thermometers may be replaced with new thermometers in lieu of verification against the reference thermometer or may be verified by the manufacturer or other qualified vendor. Each working thermometer is individually numbered and assigned a correction factor, when applicable, based on comparison with the NIST reference source. In addition, working thermometers are visually inspected by laboratory personnel prior to use and when temperatures are documented.

5.3.4.3. Laboratory thermometer inventory and calibration data are maintained in the local Quality department.

5.3.5. **pH/Electrometers**

5.3.5.1. The meter is calibrated before use each day, at a minimum, using fresh buffer solutions.

5.3.5.2. The pH electrode is inspected daily and cleaned, filled or replaced as needed.

5.3.6. **Spectrophotometers**

5.3.6.1. During use, spectrophotometer performance is checked at established frequencies in analysis sequences against initial calibration verification (ICV) and continuing calibration verification (CCV) standards.

5.3.7. **Mechanical Volumetric Dispensing Devices**

5.3.7.1. Mechanical volumetric dispensing devices including bottle top dispensers dispensing critical volumes, pipettes, and burettes, excluding Class A volumetric glassware, are checked for accuracy on a quarterly basis.

5.4. Instrument/Equipment Maintenance

5.4.1. The objectives of the Pace Analytical maintenance program are twofold: to establish a system of instrument care that maintains instrumentation and equipment at required levels of calibration and sensitivity, and to minimize loss of productivity due to repairs.

5.4.2. Department managers are responsible for providing technical leadership to evaluate new equipment, solve equipment problems, and coordinate instrument repair and maintenance. Analysts have the primary responsibility to perform routine maintenance.

5.4.3. To minimize downtime and interruption of analytical work, preventative maintenance may routinely performed on each analytical instrument. Up-to-date instructions on the use and maintenance of equipment are available to staff in the department where the equipment is used.

5.4.4. Department managers are responsible for maintaining an adequate inventory of spare parts required to minimize equipment downtime. This inventory includes parts and supplies that are subject to frequent failure, have limited lifetimes, or cannot be obtained in a timely manner should a failure occur.

5.4.5. All major equipment and instrumentation items are uniquely identified to allow for traceability. Equipment/instrumentation is, unless otherwise stated, identified as a system and not as individual pieces. The laboratory maintains equipment records that include the following:

- The name of the equipment and its software
- The manufacturer's name, type, and serial number
- Approximate date received and date placed into service
- Current location in the laboratory
- Condition when received (new, used, etc.)
- Copy of any manufacturer's manuals or instructions
- Dates and results of calibrations and next scheduled calibration (as applicable)
- Details of past maintenance activities, both routine and non-routine
- Details of any damage, modification or major repairs

5.4.6. All instrument maintenance is documented in maintenance logbooks that are assigned to each particular instrument or system.

5.4.7. The maintenance log entry must include a summary of the problem encountered, the maintenance performed, and an indication that the instrument has been returned to an in-control status. In addition, each entry must include the initials of the analyst making the entry, the dates the maintenance actions were performed, and the date the entry was made in the maintenance logbook, if different from the date(s) of the maintenance.

5.4.8. Any equipment that has been subjected to overloading or mishandling, or that gives suspect results, or has been shown to be defective, is taken out of service and clearly identified. The equipment shall not be used to analyze customer samples until it has been repaired and shown to perform satisfactorily. In the event of instrumentation failure, to avoid hold time issues, the lab may subcontract the necessary samples to another Pace lab or to an outside subcontract lab if possible.

5.5. General Handling, Storage, Maintenance and Transport of Equipment

5.5.1. All support, measurement, and reference equipment must be handled, stored, and maintained in a manner that prevents contamination and/or deterioration. Balances, refrigerators, freezers, incubators, ovens, and hot blocks should be kept clean and free from debris inside and outside. Reference thermometers and reference weight sets must be controlled by the Quality Department, kept in pristine condition and inspected before each use. Working thermometers, weight sets, mechanical pipettes, and bottle top dispensers should be kept clean, inspected for damage before use, and handled properly. When it is necessary to package and transport or ship any support, measurement, or reference equipment to an external vendor for repair, maintenance, calibration, or certification, consult with the external vendor for proper packing, labeling and shipping to prevent damage, contamination, or deterioration.

6.0. CONTROL OF DATA

Analytical results processing, verification, and reporting are procedures employed that result in the delivery of defensible data. These processes include, but are not limited to, calculation of raw data into final concentration values, review of results for accuracy, evaluation of quality control criteria and assembly of technical reports for delivery to the data user.

All analytical data undergo a documented multi-tier review process prior to being reported to the customer. This section describes procedures used for translating raw analytical data into accurate final sample reports as well as Pace data storage policies.

When analytical data or field data is generated, it is documented appropriately. The resulting logbooks and other laboratory records are kept in accordance with each facility's SOP for documentation storage and archival. The laboratory must ensure that there are sufficient redundant copies of electronic data so that no data is lost due to unforeseen computer issues

6.1. Primary Data Review

6.1.1. The primary analyst is responsible for initial data reduction and data review. This includes confirming compliance with required methodology, verifying calculations, evaluating quality control data, noting observations or non-conformances in logbooks or as footnotes or narratives, and uploading analytical results into the LIMS. Data review checklists, either hardcopy or electronic, are used to document the primary data review process. The primary analyst must be clearly identified in all applicable logbooks, spreadsheets, LIMS fields, and data review checklists.

6.1.2. The primary analyst compiles the initial data for secondary data review. This compilation must include sufficient documentation for secondary data review.

6.1.3. Additional information regarding data review procedures can be found in the *Data Review Process* SOP or its equivalent replacement, as well as in the *Manual Integration* SOP or its equivalent replacement.

6.2. Secondary Data Review

6.2.1. Secondary data review is the process of examining data and accepting or rejecting it based on pre-defined criteria. This review step is designed to ensure that reported data are free from calculation and transcription errors, that quality control parameters are evaluated, and that any non-conformances are properly documented.

6.2.2. The completed data from the primary analyst is sent to a designated qualified secondary data reviewer, which must be someone other than the primary analyst. The secondary data reviewer provides an independent technical assessment of the data package and technical review for accuracy according to methods employed and laboratory protocols. This assessment involves a quality control review for use of the proper methodology and detection limits, compliance to quality control protocol and criteria, presence and completeness of required deliverables, and accuracy of calculations, data quantitation and applicable data qualifiers. The reviewer validates the data entered into the LIMS and documents review and approval of manual integrations. Data review checklists, either hardcopy or electronic, are used to document the secondary data review process.

6.2.3. Additional information regarding data review procedures can be found in the *Data Review Process* SOP or its equivalent replacement, as well as in the *Manual Integration* SOP or its equivalent replacement.

6.3. Data Reporting

6.3.1. Data for each analytical fraction pertaining to a particular Pace project number are released in the LIMS upon validation for assembly into the final report. Anomalies encountered during technical and QC reviews are included in data qualifiers on the final report or in a separate case narrative if there is potential for data to be impacted.

6.3.2. Final reports are prepared according to the level of reporting required by the customer and can be transmitted to the customer via hardcopy or electronic deliverable. A standard Pace final report consists of the following components:

6.3.2.1. A title which designates the report as "Report of Laboratory Analysis";

6.3.2.2. Name and address of laboratory and/or subcontractor laboratories, if used;

6.3.2.3. Phone number and name of laboratory contact to whom questions can be referred;

6.3.2.4. A unique identification number for the report. The pages of the report are numbered and a total number of pages is indicated;

6.3.2.5. Name and address of customer and name of project;

6.3.2.6. Unique laboratory identification of samples analyzed as well as customer sample IDs;

6.3.2.7. Date and time of sample collection, sample receipt and sample analysis;

6.3.2.8. Identification of the test methods used;

6.3.2.9. Qualifiers to the analytical data, if applicable;

6.3.2.10. Identification of whether results are reported on a dry-weight or wet-weight basis;

6.3.2.11. Reporting limits;

6.3.2.12. Final results or measurements;

6.3.2.13. A signature and title, electronic or otherwise, of person accepting responsibility for the content of the report;

6.3.2.14. Date report was issued;

6.3.2.15. A statement clarifying that the results of the report relate only to the samples tested or to the samples as they were received by the laboratory;

6.3.2.16. A statement indicating that the report must not be reproduced except in full, without the written approval of the laboratory;

6.3.3. Any changes made to a final report shall be designated as "Revised" or equivalent wording. The laboratory must keep sufficient archived records of all laboratory reports and revisions. For higher levels of data deliverables, a copy of all supporting raw data is sent to the customer along with a final report of results. Pace will provide electronic data deliverables (EDD) as required by contracts or upon customer request.

6.3.4. Customer data that requires transmission by telephone, telex, facsimile or other electronic means undergoes appropriate steps to preserve confidentiality.

6.3.5. The following positions are the only approved signatories for Pace final reports:

- Senior General Manager
- General Manager
- Quality Manager
- Client Services Manager
- Project Manager
- Project Coordinator

6.3.6. Additional information regarding final reports and data deliverables can be found in the *Final Report and Data Deliverable Contents* SOP or its equivalent replacement.

6.4. Data Security

6.4.1. All data including electronic files, logbooks, extraction/digestion/distillation worksheets, calculations, project files and reports, and any other information used to produce the technical report are maintained secured and retrievable by the Pace facility.

6.5. Data Archiving

6.5.1. All records compiled by Pace are archived in a suitable, limited-access environment to prevent loss, damage, or deterioration by fire, flood, vermin, theft, and/or environmental deterioration. Records are retained for a minimum of five years unless superseded by federal, state, contractual, and/or accreditation requirements. TNI-related records will be made readily available to accrediting authorities. Access to archived data is controlled by the Quality Department.

6.5.2. Records that are computer-generated have either a hard copy or electronic backup copy. Hardware and software necessary for the retrieval of electronic data is maintained with the applicable records. Archived electronic records are stored protected against electronic and/or magnetic sources.

6.5.3. In the event of a change in ownership, accountability or liability, reports of analyses performed pertaining to accreditation will be maintained per the purchase agreement. In the event of bankruptcy, laboratory reports and/or records will be transferred to the customer and/or the appropriate regulatory entity upon request.

6.6. Data Disposal

6.6.1. Data that has been archived for the facility's required storage time may be disposed of in a secure manner by shredding, returning to customer, or utilizing some other means that does not jeopardize data confidentiality. Records of data disposal will be archived for a minimum of five years unless superseded by federal, contractual, and/or accreditation requirements. Data disposal includes any preliminary or final reports, raw analytical data, logs or logbooks, and electronic files.

7.0. QUALITY SYSTEM AUDITS AND REVIEWS

7.1. Internal Audits

7.1.1. Responsibilities

7.1.1.1. The SQM/QM is responsible for managing, assigning and/or conducting internal audits in accordance with a predetermined schedule and procedure. Since internal audits represent an independent assessment of laboratory functions, the auditor must be independent from laboratory operations to ensure objectivity. The auditor must be trained, qualified, and familiar enough with the objectives, principles, and procedures of laboratory operations to be able to perform a thorough and effective evaluation. The SQM/QM evaluates audit observations and verifies the completion of corrective actions. In addition, a periodic corporate audit will be conducted. The corporate audits will focus on the effectiveness of the Quality System as outlined in this manual but may also include other quality programs applicable to an individual laboratory.

7.1.1.2. Additional information can be found in the *Internal and External Audits* SOP or its equivalent replacement.

7.1.2. Scope and Frequency of Internal Audits

7.1.2.1. The complete internal audit process consists of the following four sections, at a minimum:

- Raw Data Review audits- conducted according to a schedule per local SQM/QM. A certain number of these data review audits may be conducted per quarter to accomplish this yearly schedule;
- Quality System audits- considered the traditional internal audit function and includes analyst interviews to help determine whether practice matches method requirements and SOP language;
- Final Report reviews;
- Corrective Action Effectiveness Follow-up

7.1.2.2. Internal systems audits are conducted annually at a minimum. The scope of these audits includes evaluation of specific analytical departments or a specific quality related system as applied throughout the laboratory.

7.1.2.3. Where the identification of non-conformities or departures cast doubt on the laboratory's compliance with its own policies and procedures, the lab must ensure that the appropriate areas of activity are audited as soon as possible.

7.1.2.4. Certain projects may require an internal audit to ensure laboratory conformance to site work plans, sampling and analysis plans, QAPPs, etc.

7.1.2.5. The laboratory, as part of their overall internal audit program, ensures that a review is conducted with respect to any evidence of inappropriate actions or vulnerabilities related to data integrity. Discovery and reporting of potential data integrity issues are handled in a confidential manner. All investigations that result in findings of inappropriate activity are fully documented, including the source of the problem, the samples and customers affected the impact on the data, the corrective actions taken by the laboratory, and identification of final reports that were re-issued. Customers must be notified within 30 days after the data investigation is completed and the impact to final results is assessed.

7.1.3. **Internal Audit Reports and Corrective Action Plans**

7.1.3.1. A full description of the audit, including the identification of the operation audited, the date(s) on which the audit was conducted, the specific systems examined, and the observations noted are summarized in an internal audit report. The Quality Department auditor writes and issues the internal audit report identifying which audit observations are deficiencies that require corrective action.

7.1.3.2. When audit findings cast doubt on the effectiveness of the operations or on the correctness of validity of the laboratory's environmental test results, the laboratory will take timely corrective action and notify the customer in writing within three business days, if investigations show that the laboratory results may have been affected.

7.1.3.3. Additional information can be found in the *Internal and External Audits* SOP or its equivalent replacement.

7.2. External Audits

7.2.1. Pace laboratories are audited routinely by regulatory agencies to maintain laboratory certifications and by customers to maintain appropriate specific protocols.

7.2.2. External audit teams review the laboratory to assess the effectiveness of quality systems. The SQM/QM host the external audit team and assist in facilitation of the audit process. After the audit, the external auditors will prepare a formalized audit report listing deficiencies observed and follow-up requirements for the laboratory. The laboratory staff and supervisors develop corrective action plans to address any deficiencies with the guidance of the SQM/QM, who provides a written response to the external audit team. The SQM/QM follows-up with the laboratory staff to ensure corrective actions are implemented and that the corrective action was effective.

7.3. Annual Managerial Review

7.3.1. A managerial review of Management and Quality Systems is performed on an annual basis at a minimum. This allows for assessing program effectiveness and introducing changes and/or improvements. Additional information can be found in the *Review of Laboratory Management Systems* SOP or its equivalent replacement.

7.3.2. The managerial review must include the following topics of discussion:

- Suitability of policies and procedures
- Reports from managerial personnel
- Internal audit results
- Corrective and preventive actions
- External assessment results
- Proficiency testing studies
- Sample capacity and scope of work changes
- Customer feedback, including complaints
- Recommendations for improvement,
- Other relevant factors, such as quality control activities, resources, staffing, and safety/waste activities.

7.3.3. This managerial review must be documented for future reference by the SQM/QM and copies of the report are distributed to laboratory staff. Results must feed into the laboratory planning system and must include goals, objectives, and action plans for the coming year. The laboratory shall ensure that any actions identified during the review are carried out within an appropriate and agreed upon timeframe.

8.0. CORRECTIVE ACTION

Additional information can be found in the *Corrective and Preventive Actions* SOP or its equivalent replacement.

During the process of sample handling, preparation, and analysis, during review of quality control records, or during reviews of non-technical portions of the lab, certain occurrences may warrant corrective actions. These occurrences may take the form of analyst errors, deficiencies in quality control, method deviations, or other unusual circumstances. The Quality System of Pace provides systematic procedures for the documentation, monitoring, completion of corrective actions, and follow-up verification of the effectiveness of these corrective actions. This can be done using Pace's LabTrack system or other system that lists at a minimum, the deficiency by issue number, the deficiency source, responsible party, root cause, resolution, due date, and date resolved.

8.1. Corrective and Preventive Action Documentation

8.1.1. The following items are examples of sources of laboratory deviations or non-conformances that may warrant some form of documented corrective action:

- Internal Laboratory Non-Conformance Trends
- Proficiency Testing Sample Results
- Internal and External Audits
- Data or Records Review
- Client Complaints
- Client Inquiries
- Holding Time violations

8.1.2. Documentation of corrective actions may be in the form of a comment or footnote on the final report that explains the deficiency or it may be a more formal documentation. This depends on the extent of the deficiency, the impact on the data, and the method or customer requirements for documentation.

8.1.3. The person who discovers the deficiency or non-conformance initiates the corrective action documentation within LabTrack. The documentation must include the affected projects and sample numbers, the name of the applicable Project Manager, the customer name, and any other pertinent information. The person initiating the corrective action documentation must also list the known causes of the deficiency or non-conformance as well as any corrective/preventative actions that they have taken. Preventive actions must be taken in order to prevent or minimize the occurrence of the situation.

8.1.4. **Root Cause Analysis**: Laboratory personnel and management staff will start a root cause analysis by going through an investigative process. During this process, the following general steps must be taken into account: defining the non-conformance, assigning responsibilities, determining if the condition is significant, and investigating the root cause of the nonconformance. General non-conformance investigative techniques follow the path of the sample through the process looking at each individual step in detail. The root cause must be documented within LabTrack.

8.1.5. Based on the determined root cause(s), the lab implements applicable corrective actions and verifies their effectiveness. In the event that analytical testing or results do not conform to documented

laboratory policies or procedures Project Management will notify the customer of the situation and will advise of any affect to data quality, if applicable.

8.2. Corrective Action Completion

8.2.1. Internal Laboratory Non-Conformance Trends

8.2.1.1. There are several types of non-conformance trends that may occur in the laboratory that would require the initiation of a corrective action report. Laboratories may choose to initiate a corrective action for all instances of one or more of these categories; however, the intent is that each of these would be handled according to its severity; one time instances could be handled with a footnote or qualifier whereas a systemic problem with any of these categories may require an official corrective action process. These categories, as defined in the Corrective Action SOP are as follows:

- Login error
- Preparation Error
- Contamination
- Calibration Failure
- LCS Failure
- Calculation error
- Laboratory accident
- Instrument Failure
- Final Reporting/Data Entry error

8.2.2. PE/PT Sample Results

8.2.2.1. Any PT result assessed as "not acceptable" requires an investigation and applicable corrective actions. The operational staff is made aware of the PT failures and they are responsible for reviewing the applicable raw data and calibrations and list possible causes for error. The SQM/QM reviews their findings and initiates a replacement PT sample if required. Replacement PT results must be monitored by the SQM/QM and reported to the applicable regulatory authorities.

8.2.2.2. Additional information, such as requirements regarding time frames for reporting failures to states, makeup PTs, and notifications of investigations, can be found in the *Proficiency Testing Program* SOP or its equivalent replacement.

8.2.3. Internal and External Audits

8.2.3.1. The SQM/QM or designee is responsible for documenting all audit findings and their corrective actions. This documentation must include the initial finding, the persons responsible for the corrective action, the due date for responding to the auditing body, the root cause of the finding, and the corrective actions needed for resolution. The SQM/QM or designee is also responsible for providing any back-up documentation used to demonstrate that a corrective action has been completed.

8.2.4. **Data Review**

8.2.4.1. In the course of performing primary and secondary review of data or in the case of raw data review, errors may be found which require corrective actions. Any finding that affects the quality of the data requires some form of corrective action, which may include revising and re-issuing of final reports.

8.2.5. **Client Complaints**

8.2.5.1. Project Managers are responsible for issuing corrective action requests, when warranted, for customer complaints. As with other corrective actions, the appropriate analyst or supervisor begin an investigation to determine possible causes and corrective actions. After potential corrective actions have been determined, the Project Manager reviews the corrective action to ensure all customer needs or concerns are being adequately addressed.

8.2.6. **Client Inquiries**

8.2.6.1. When an error on the customer's final report is discovered, the Project Manager is responsible for initiating a formal corrective action form that describes the failure (e.g., incorrect analysis reported, reporting units are incorrect, or reporting limits do not meet objectives). The Project Manager is also responsible for revising the final report if necessary and submitting it to the customer.

8.2.7. **Holding Time Violations**

8.2.7.1. In the event that a holding time has been exceeded due to laboratory error, the analyst or supervisor must complete formal corrective action. The Project Manager and the SQM/QM must be made aware of all holding time violations due to laboratory error.

8.2.7.2. The Project Manager must contact the customer in order that appropriate decisions are made regarding the out-of-hold sample and the ultimate resolution is then documented and included in the customer project file.

9.0. GLOSSARY

The source of some of the definitions is indicated previous to the actual definition (e.g., TNI, DoD).

Terms and Definitions	
3P Program	The Pace continuous improvement program that focuses on Process, Productivity, and Performance. Best Practices are identified that can be used by all Pace labs.
Acceptance Criteria	TNI- Specified limits placed on characteristics of an item, process, or service defined in requirement documents.
Accreditation	TNI- The process by which an agency or organization evaluates and recognizes a laboratory as meeting certain predetermined qualifications or standards, thereby accrediting the laboratory.
Accreditation Body (AB)	TNI- The organization having responsibility and accountability for environmental laboratory accreditation and which grants accreditation under this program.
Accuracy	TNI- The degree of agreement between an observed value and an accepted reference value. Accuracy includes a combination of random error (precision) and systematic error (bias) components that are due to sampling and analytical operations; a data quality indicator.
Activity, Absolute	TNI- Rate of nuclear decay occurring in a body of material, equal to the number of nuclear disintegrations per unit time. NOTE: Activity (absolute) may be expressed in becquerels (Bq), curies (Ci), or disintegrations per minute (dpm), and multiples or submultiples of these units.
Activity, Areic	TNI- Quotient of the activity of a body of material and its associated area.
Activity, Massic	TNI- Quotient of the activity of a body of material and its mass; also called specific activity.
Activity, Volumic	TNI- Quotient of the activity of a body of material and its volume; also called activity concentration. NOTE: In this module [TNI Volume 1, Module 6], unless otherwise stated, references to activity shall include absolute activity, areic activity, massic activity, and volumic activity.
Activity Reference Date	TNI- The date (and time, as appropriate to the half-life of the radionuclide) to which a reported activity result is calculated. NOTE: The sample collection date is most frequently used as the Activity Reference Date for environmental measurements, but different programs may specify other points in time for correction of results for decay and ingrowth.
Aliquot	A discrete, measured, representative portion of a sample taken for analysis.
American Society for Testing and Materials (ASTM)	An international standards organization that develops and publishes voluntary consensus standards for a wide range of materials, products, systems and services.
Analysis	A combination of sample preparation and instrument determination.
Analysis Code (Acode)	All the set parameters of a test, such as Analytes, Method, Detection Limits and Price.
Analysis Sequence	A compilation of all samples, standards and quality control samples run during a specific amount of time on a particular instrument in the order they are analyzed.

Analyst	TNI- The designated individual who performs the "hands-on" analytical methods and associated techniques and who is the one responsible for applying required laboratory practices and other pertinent quality controls to meet the required level of quality.
Analyte	TNI- A substance, organism, physical parameter, property, or chemical constituent(s) for which an environmental sample is being analyzed.
Analytical Method	A formal process that identifies and quantifies the chemical components of interest (target analytes) in a sample.
Analytical Uncertainty	TNI- A subset of Measurement Uncertainty that includes all laboratory activities performed as part of the analysis.
Annual (or Annually)	Defined by Pace as every 12 months ± 30 days.
Assessment	TNI - The evaluation process used to measure or establish the performance, effectiveness, and conformance of an organization and/or its system to defined criteria (to the standards and requirements of laboratory accreditation).
Atomic Absorption Spectrometer	Instrument used to measure concentration in metals samples.
Atomization	A process in which a sample is converted to free atoms.
Audit	TNI- A systematic and independent examination of facilities, equipment, personnel, training, procedures, record-keeping, data validation, data management, and reporting aspects of a system to determine whether QA/QC and technical activities are being conducted as planned and whether these activities will effectively achieve quality objectives.
Batch	TNI- Environmental samples that are prepared and/or analyzed together with the same process and personnel, using the same lot(s) of reagents. A **preparation batch** is composed of one to 20 environmental samples of the same quality systems matrix, meeting the above-mentioned criteria and with a maximum time between the start of processing of the first and last sample in the batch to be 24 hours. An **analytical batch** is composed of prepared environmental samples (extracts, digestates or concentrates) which are analyzed together as a group. An analytical batch can include prepared samples originating from various quality system matrices and can exceed 20 samples.
Batch, Radiation Measurements (RMB)	TNI- An RMB is composed of 1 to 20 environmental samples that are counted directly without preliminary physical or chemical processing that affects the outcome of the test (e.g., non-destructive gamma spectrometry, alpha/beta counting of air filters, or swipes on gas proportional detectors). The samples in an RMB share similar physical and chemical parameter, and analytical configurations (e.g., analytes, geometry, calibration, and background corrections). The maximum time between the start of processing of the first and last in an RMB is 14 calendar days.
Bias	TNI- The systematic or persistent distortion of a measurement process, which causes errors in one direction (i.e., the expected sample measurement is different from the sample's true value).
Blank	TNI - A sample that has not been exposed to the analyzed sample stream in order to monitor contamination during sampling, transport, storage or analysis. The blank is subjected to the usual analytical and measurement process to establish a zero baseline or background value and is sometimes used to adjust or correct routine analytical results (See Method Blank).

Blind Sample	A sub-sample for analysis with a composition known to the submitter. The analyst/laboratory may know the identity of the sample but not its composition. It is used to test the analyst's or laboratory's proficiency in the execution of the measurement process.
BNA (Base Neutral Acid compounds)	A list of semi-volatile compounds typically analyzed by mass spectrometry methods. Named for the way they can be extracted out of environmental samples in an acidic, basic or neutral environment.
BOD (Biochemical Oxygen Demand)	Chemical procedure for determining how fast biological organisms use up oxygen in a body of water.
Calibration	TNI- A set of operations that establish, under specified conditions, the relationship between values of quantities indicated by a measuring instrument or measuring system, or values represented by a material measure or a reference material, and the corresponding values realized by standards. 1) In calibration of support equipment, the values realized by standards are established through the use of reference standards that are traceable to the International System of Units (SI); 2) In calibration according to test methods, the values realized by standards are typically established through the use of Reference Materials that are either purchased by the laboratory with a certificate of analysis or purity, or prepared by the laboratory using support equipment that has been calibrated or verified to meet specifications.
Calibration Curve	TNI- The mathematical relationship between the known values, such as concentrations, of a series of calibration standards and their instrument response.
Calibration Method	A defined technical procedure for performing a calibration.
Calibration Range	The range of values (concentrations) between the lowest and highest calibration standards of a multi-level calibration curve. For metals analysis with a single-point calibration, the low-level calibration check standard and the high standard establish the linear calibration range, which lies within the linear dynamic range.
Calibration Standard	TNI- A substance or reference material used for calibration.
Certified Reference Material (CRM)	TNI- Reference material accompanied by a certificate, having a value, measurement uncertainty, and stated metrological traceability chain to a national metrology institute.
Chain of Custody	An unbroken trail of accountability that verifies the physical security of samples, data, and records.
Chain of Custody Form (COC)	TNI- Record that documents the possession of the samples from the time of collection to receipt in the laboratory. This record generally includes: the number and type of containers; the mode of collection, the collector, time of collection; preservation; and requested analyses.
Chemical Oxygen Demand (COD)	A test commonly used to indirectly measure the amount of organic compounds in water.
Client (referred to by ISO as Customer)	Any individual or organization for whom items or services are furnished or work performed in response to defined requirements and expectations.
Code of Federal Regulations (CFR)	A codification of the general and permanent rules published in the Federal Register by agencies of the federal government.
Comparability	An assessment of the confidence with which one data set can be compared to another. Comparable data are produced through the use of standardized procedures and techniques.

Completeness	The percent of valid data obtained from a measurement system compared to the amount of valid data expected under normal conditions. The equation for completeness is: % Completeness = (Valid Data Points/Expected Data Points)*100
Confirmation	TNI- Verification of the identity of a component through the use of an approach with a different scientific principle from the original method. These may include, but are not limited to: second-column confirmation; alternate wavelength; derivatization; mass spectral interpretation; alternative detectors; or additional cleanup procedures.
Conformance	An affirmative indication or judgment that a product or service has met the requirements of the relevant specifications, contract, or regulation; also the state of meeting the requirements.
Congener	A member of a class of related chemical compounds (e.g., PCBs, PCDDs).
Consensus Standard	A standard established by a group representing a cross-section of a particular industry or trade, or a part thereof.
Continuing Calibration Blank (CCB)	A blank sample used to monitor the cleanliness of an analytical system at a frequency determined by the analytical method.
Continuing Calibration Check Compounds (CCC)	Compounds listed in mass spectrometry methods that are used to evaluate an instrument calibration from the standpoint of the integrity of the system. High variability would suggest leaks or active sites on the instrument column.
Continuing Calibration Verification	The verification of the initial calibration. Required prior to sample analysis and at periodic intervals. Continuing calibration verification applies to both external and internal standard calibration techniques, as well as to linear and non-linear calibration models.
Continuing Calibration Verification (CCV) Standard	Also referred to as a Calibration Verification Standard (CVS) in some methods, it is a standard used to verify the initial calibration of compounds in an analytical method. CCVs are analyzed at a frequency determined by the analytical method.
Continuous Emission Monitor (CEM)	A flue gas analyzer designed for fixed use in checking for environmental pollutants.
Continuous Improvement Plan (CIP)	The delineation of tasks for a given laboratory department or committee to achieve the goals of that department.
Contract Laboratory Program (CLP)	A national network of EPA personnel, commercial labs, and support contractors whose fundamental mission is to provide data of known and documented quality.
Contract Required Detection Limit (CRDL)	Detection limit that is required for EPA Contract Laboratory Program (CLP) contracts.
Contract Required Quantitation Limit (CRQL)	Quantitation limit (reporting limit) that is required for EPA Contract Laboratory Program (CLP) contracts.
Control Chart	A graphic representation of a series of test results, together with limits within which results are expected when the system is in a state of statistical control (see definition for Control Limit)

Control Limit	A range within which specified measurement results must fall to verify that the analytical system is in control. Control limit exceedances may require corrective action or require investigation and flagging of non-conforming data.
Correction	Action taken to eliminate a detected non-conformity.
Corrective Action	The action taken to eliminate the causes of an existing non-conformity, defect, or other undesirable situation in order to prevent recurrence. A root cause analysis may not be necessary in all cases.
Corrective and Preventative Action (CAPA)	The primary management tools for bringing improvements to the quality system, to the management of the quality system's collective processes, and to the products or services delivered which are an output of established systems and processes.
Critical Value	TNI- Value to which a measurement result is compared to make a detection decision (also known as critical level or decision level). NOTE: The Critical Value is designed to give a specified low probability α of false detection in an analyte-free sample, which implies that a result that exceeds the Critical Value, gives high confidence (1 – α) that the radionuclide is actually present in the material analyzed. For radiometric methods, α is often set at 0.05.
Customer	Any individual or organization for which products or services are furnished or work performed in response to defined requirements and expectations.
Data Integrity	TNI- The condition that exists when data are sound, correct, and complete, and accurately reflect activities and requirements.
Data Quality Objective (DQO)	Systematic strategic planning tool based on the scientific method that identifies and defines the type, quality, and quantity of data needed to satisfy a specified use or end user.
Data Reduction	TNI- The process of transforming the number of data items by arithmetic or statistical calculation, standard curves, and concentration factors, and collating them into a more usable form.
Definitive Data	Analytical data of known quantity and quality. The levels of data quality on precision and bias meet the requirements for the decision to be made. Data that is suitable for final decision-making.
Demonstration of Capability (DOC)	TNI- A procedure to establish the ability of the analyst to generate analytical results of acceptable accuracy and precision.
Detection Limit (DL)	The smallest analyte concentration that can be demonstrated to be different than zero or a blank concentration with 99% confidence. At the DL, the false positive rate (Type 1 error) is 1%. A DL may be used as the lowest concentration for reliably reporting a detection of a specific analyte in a specific matrix with a specific method with 99% confidence.
Detection Limit (DL) for Safe Drinking Water Act (SDWA) Compliance	TNI- Laboratories that analyze drinking-water samples for SDWA compliance monitoring must use methods that provide sufficient detection capability to meet the detection limit requirements established in 40 CFR 141. The SDWA DL for radioactivity is defined in 40 CFR Part 141.25.c as the radionuclide concentration, which can be counted with a precision of plus or minus 100% at the 95% confidence level (1.96σ where σ is the standard deviation of the net counting rate of the sample).
Deuterated Monitoring Compounds (DMCs)	Deuterated compounds used as surrogates for GC/MS analysis.

Diesel Range Organics (DRO)	A range of compounds that denote all the characteristic compounds that make up diesel fuel (range can be state or program specific).
Digestion	A process in which a sample is treated (usually in conjunction with heat and acid) to convert the target analytes in the sample to a more easily measured form.
Document Control	The act of ensuring that documents (and revisions thereto) are proposed, reviewed for accuracy, approved for release by authorized personnel, distributed properly and controlled to ensure use of the correct version at the location where the prescribed activity is performed.
Documents	Written components of the laboratory management system (e.g., policies, procedures, and instructions).
Dry Weight	The weight after drying in an oven at a specified temperature.
Duplicate (also known as Replicate or Laboratory Duplicate)	The analyses or measurements of the variable of interest performed identically on two subsamples of the same sample. The results of duplicate analyses are used to evaluate analytical or measurement precision but not the precision of sampling, preservation or storage internal to the laboratory.
Electron Capture Detector (ECD)	Device used in GC methods to detect compounds that absorb electrons (e.g., PCB compounds).
Electronic Data Deliverable (EDD)	A summary of environmental data (usually in spreadsheet form) which clients request for ease of data review and comparison to historical results.
Eluent	A solvent used to carry the components of a mixture through a stationary phase.
Elute	To extract, specifically, to remove (absorbed material) from an absorbent by means of a solvent.
Elution	A process in which solutes are washed through a stationary phase by movement of a mobile phase.
Environmental Data	Any measurements or information that describe environmental processes, locations, or conditions; ecological or health effects and consequences; or the performance of environmental technology.
Environmental Monitoring	The process of measuring or collecting environmental data.
Environmental Protection Agency (EPA)	An agency of the federal government of the United States which was created for the purpose of protecting human health and the environment by writing and enforcing regulations based on laws passed by Congress.

Environmental Sample	A representative sample of any material (aqueous, non-aqueous, or multimedia) collected from any source for which determination of composition or contamination is requested or required. Environmental samples can generally be classified as follows: • Non Potable Water (Includes surface water, ground water, effluents, water treatment chemicals, and TCLP leachates or other extracts) • Drinking Water - Delivered (treated or untreated) water designated as potable water • Water/Wastewater - Raw source waters for public drinking water supplies, ground waters, municipal influents/effluents, and industrial influents/effluents • Sludge - Municipal sludges and industrial sludges. • Soil - Predominately inorganic matter ranging in classification from sands to clays. • Waste - Aqueous and non-aqueous liquid wastes, chemical solids, and industrial liquid and solid wastes
Equipment Blank	A sample of analyte-free media used to rinse common sampling equipment to check effectiveness of decontamination procedures.
Extracted Internal Standard Analyte	Isotopically labeled analogs of analytes of interest added to all standards, blanks and samples analyzed. Added to samples and batch QC samples prior to the first step of sample extraction and to standards and instrument blanks prior to analysis. Used for isotope dilution methods.
Facility	A distinct location within the company that has unique certifications, personnel and waste disposal identifications.
False Negative	A result that fails to identify (detect) an analyte or reporting an analyte to be present at or below a level of interest when the analyte is actually above the level of interest.
False Positive	A result that erroneously identifies (detects) an analyte or reporting an analyte to be present above a level of interest when the analyte is actually present at or below the level of interest.
Field Blank	A blank sample prepared in the field by filling a clean container with reagent water and appropriate preservative, if any, for the specific sampling activity being undertaken.
Field Measurement	Determination of physical, biological, or radiological properties, or chemical constituents that are measured on-site, close in time and space to the matrices being sampled/measured, following accepted test methods. This testing is performed in the field outside of a fixed-laboratory or outside of an enclosed structure that meets the requirements of a mobile laboratory.
Field of Accreditation	TNI- Those matrix, technology/method, and analyte combinations for which the accreditation body offers accreditation.
Field of Proficiency Testing (FoPT)	TNI- Matrix, technology/method, analyte combinations for which the composition, spike concentration ranges and acceptance criteria have been established by the PTPEC.
Finding	TNI- An assessment conclusion referenced to a laboratory accreditation standard and supported by objective evidence that identifies a deviation from a laboratory accreditation standard requirement.

Flame Ionization Detector (FID)	A type of gas detector used in GC analysis where samples are passed through a flame which ionizes the sample so that various ions can be measured.
Gas Chromatography (GC)	Instrumentation which utilizes a mobile carrier gas to deliver an environmental sample across a stationary phase with the intent to separate compounds out and measure their retention times.
Gas Chromatograph/ Mass Spectrometry (GC/MS)	In conjunction with a GC, this instrumentation utilizes a mass spectrometer which measures fragments of compounds and determines their identity by their fragmentation patterns (mass spectra).
Gasoline Range Organics (GRO)	A range of compounds that denote all the characteristic compounds that make up gasoline (range can be state or program specific).
High Pressure Liquid Chromatography (HPLC)	Instrumentation used to separate, identify and quantitate compounds based on retention times which are dependent on interactions between a mobile phase and a stationary phase.
Holding Time	TNI- The maximum time that can elapse between two specified activities. 40 CFR Part 136- The maximum time that samples may be held prior to preparation and/or analysis as defined by the method and still be considered valid or not compromised.
Homogeneity	The degree to which a property or substance is uniformly distributed throughout a sample.
Homologue	One in a series of organic compounds in which each successive member has one more chemical group in its molecule than the next preceding member. For instance, methanol, ethanol, propanol, butanol, etc., form a homologous series.
Incremental Sampling Method (ISM)	Soil preparation for large volume (1 kg or greater) samples.
In-Depth Data Monitoring	TNI- When used in the context of data integrity activities, a review and evaluation of documentation related to all aspects of the data generation process that includes items such as preparation, equipment, software, calculations, and quality controls. Such monitoring shall determine if the laboratory uses appropriate data handling, data use and data reduction activities to support the laboratory's data integrity policies and procedures.
Inductively Coupled Plasma Atomic Emission Spectrometry (ICP-AES)	Analytical technique used for the detection of trace metals which uses plasma to produce excited atoms that emit radiation of characteristic wavelengths.
Inductively Coupled Plasma- Mass Spectrometry (ICP/MS)	An ICP that is used in conjunction with a mass spectrometer so that the instrument is not only capable of detecting trace amounts of metals and non-metals but is also capable of monitoring isotopic speciation for the ions of choice.
Infrared Spectrometer (IR)	An instrument that uses infrared light to identify compounds of interest.
Initial Calibration (ICAL)	The process of analyzing standards, prepared at specified concentrations, to define the quantitative response relationship of the instrument to the analytes of interest. Initial calibration is performed whenever the results of a calibration verification standard do not conform to the requirements of the method in use or at a frequency specified in the method.

Initial Calibration Blank (ICB)	A blank sample used to monitor the cleanliness of an analytical system at a frequency determined by the analytical method. This blank is specifically run in conjunction with the Initial Calibration Verification (ICV) where applicable.
Initial Calibration Verification (ICV)	Verifies the initial calibration with a standard obtained or prepared from a source independent of the source of the initial calibration standards to avoid potential bias of the initial calibration.
Instrument Blank	A clean sample (e.g., distilled water) processed through the instrumental steps of the measurement process; used to determine instrument contamination.
Instrument Detection Limits (IDLs)	Limits determined by analyzing a series of reagent blank analyses to obtain a calculated concentration. IDLs are determined by calculating the average of the standard deviations of three runs on three non-consecutive days from the analysis of a reagent blank solution with seven consecutive measurements per day.
Interference, spectral	Occurs when particulate matter from the atomization scatters incident radiation from the source or when the absorption or emission from an interfering species either overlaps or is so close to the analyte wavelength that resolution becomes impossible.
Interference, chemical	Results from the various chemical processes that occur during atomization and later the absorption characteristics of the analyte.
Internal Standard	TNI - A known amount of standard added to a test portion of a sample as a reference for evaluating and controlling the precision and bias of the applied analytical method.
International Organization for Standardization (ISO)	An international standard-setting body composed of representatives from various national standards organizations.
Intermediate Standard Solution	Reference solutions prepared by dilution of the stock solutions with an appropriate solvent.
International System of Units (SI)	The coherent system of units adopted and recommended by the General Conference on Weights and Measures.
Ion Chromatography (IC)	Instrumentation or process that allows the separation of ions and molecules based on the charge properties of the molecules.
Isomer	One of two or more compounds, radicals, or ions that contain the same number of atoms of the same element but differ in structural arrangement and properties. For example, hexane (C6H14) could be n-hexane, 2-methylpentane, 3-methylpentane, 2,3-dimethylbutane, 2,2-dimethylbutane.
Laboratory	A body that calibrates and/or tests.
Laboratory Control Sample (LCS)	TNI- (also known as laboratory fortified blank (LFB), spiked blank, or QC check sample): A sample matrix, free from the analytes of interest, spiked with verified known amounts of analytes or a material containing known and verified amounts of analytes and taken through all sample preparation and analytical steps of the procedure unless otherwise noted in a reference method. It is generally used to establish intra-laboratory or analyst-specific precision and bias or to evaluate the performance of all or a portion of the measurement system.
Laboratory Duplicate	Aliquots of a sample taken from the same container under laboratory conditions and processed and analyzed independently.

Laboratory Information Management System (LIMS)	The entirety of an electronic data system (including hardware and software) that collects, analyzes, stores, and archives electronic records and documents.
LabTrack	Database used by Pace to store and track corrective actions and other laboratory issues.
Learning Management System (LMS)	A web-based database used by the laboratories to track and document training activities. The system is administered by the corporate training department and each laboratory's learn centers are maintained by a local administrator.
Legal Chain-of-Custody Protocols	TNI- Procedures employed to record the possession of samples from the time of sampling through the retention time specified by the client or program. These procedures are performed at the special request of the client and include the use of a Chain-of-Custody (COC) Form that documents the collection, transport, and receipt of compliance samples by the laboratory. In addition, these protocols document all handling of the samples within the laboratory.
Limit(s) of Detection (LOD)	TNI- The minimum result, which can be reliably discriminated from a blank with predetermined confidence level.
Limit(s) of Quantitation (LOQ)	TNI- The minimum levels, concentrations, or quantities of a target variable (e.g., target analyte) that can be reported with a specified degree of confidence.
Linear Dynamic Range	Concentration range where the instrument provides a linear response.
Liquid chromatography/ tandem mass spectrometry (LC/MS/MS)	Instrumentation that combines the physical separation techniques of liquid chromatography with the mass analysis capabilities of mass spectrometry.
Lot	TNI- A definite amount of material produced during a single manufacturing cycle, and intended to have uniform character and quality.
Management	Those individuals directly responsible and accountable for planning, implementing, and assessing work.
Management System	System to establish policy and objectives and to achieve those objectives.
Manager (however named)	The individual designated as being responsible for the overall operation, all personnel, and the physical plant of the environmental laboratory. A supervisor may report to the manager. In some cases, the supervisor and the manager may be the same individual.
Matrix	TNI- The substrate of a test sample.
Matrix Duplicate	TNI- A replicate matrix prepared in the laboratory and analyzed to obtain a measure of precision.
Matrix Spike (MS) (spiked sample or fortified sample)	TNI- A sample prepared, taken through all sample preparation and analytical steps of the procedure unless otherwise noted in a referenced method, by adding a known amount of target analyte to a specified amount of sample for which an independent test result of target analyte concentration is available. Matrix spikes are used, for example, to determine the effect of the matrix on a method's recovery efficiency.

Matrix Spike Duplicate (MSD) (spiked sample or fortified sample duplicate)	TNI- A replicate matrix spike prepared in the laboratory and analyzed to obtain a measure of the precision of the recovery for each analyte.
May	EPA – The word "may" is used to provide guidance on aspects of the method that are useful but not essential.
Measurement Quality Objective (MQO)	TNI- The analytical data requirements of the data quality objectives are project- or program-specific and can be quantitative or qualitative. MQOs are measurement performance criteria or objectives of the analytical process. Examples of quantitative MQOs include statements of required analyte detectability and the uncertainty of the analytical protocol at a specified radionuclide activity, such as the action level. Examples of qualitative MQOs include statements of the required specificity of the analytical protocol, e.g., the ability to analyze for the radionuclide of interest given the presence of interferences.
Measurement System	TNI- A method, as implemented at a particular laboratory, and which includes the equipment used to perform the test and the operator(s).
Measurement Uncertainty	An estimate of the error in a measurement often stated as a range of values that contain the true value within a certain confidence level. The uncertainty generally includes many components which may be evaluated from experimental standard deviations based on repeated observations or by standard deviations evaluated from assumed probability distributions based on experience or other information.
Method	TNI- A body of procedures and techniques for performing an activity (e.g., sampling, chemical analysis, quantification), systematically presented in the order in which they are to be executed.
Method Blank	TNI- A sample of a matrix similar to the batch of associated samples (when available) that is free from the analytes of interest and is processed simultaneously with and under the same conditions as samples through all steps of the analytical procedures, and in which no target analytes or interferences are present at concentrations that impact the analytical results for sample analyses.
Method Detection Limit (MDL)	TNI- One way to establish a Detection Limit; defined as the minimum concentration of a substance that can be measured and reported with 99% confidence that the analyte concentration is greater than zero and is determined from analysis of a sample in a given matrix containing the analyte.
Method of Standard Additions	A set of procedures adding one or more increments of a standard solution to sample aliquots of the same size in order to overcome inherent matrix effects. The procedures encompass the extrapolation back to obtain the sample concentration.

Minimum Detectable Activity (MDA)	TNI- Estimate of the smallest true activity that ensures a specified high confidence, 1 – β, of detection above the Critical Value, and a low probability β of false negatives below the Critical Value. For radiometric methods, β is often set at 0.05. NOTE 1: The MDS is a measure of the detection capability of a measurement process and as such, it is an a priori concept. It may be used in the selection of methods to meet specified MQOs. Laboratories may also calculate a "sample specific" MDA, which indicates how well the measurement process is performing under varying real-world measurement conditions, when sample-specific characteristics (e.g., interferences) may affect the detection capability. However, the MDA must never be used instead of the Critical Value as a detection threshold. NOTE 2: For the purpose of this Standard, the terms MDA and minimum detectable concentration (MDC) are equivalent.
MintMiner	Program used by Pace to review large amounts of chromatographic data to monitor for errors or data integrity issues.
Mobile Laboratory	TNI- A portable enclosed structure with necessary and appropriate accommodation and environmental conditions for a laboratory, within which testing is performed by analysts. Examples include but are not limited to trailers, vans, and skid-mounted structures configured to house testing equipment and personnel.
Must	EPA – The word "must" is used to indicate aspects of the method that are considered essential to its performance, based on sound analytical practices.
National Environmental Laboratory Accreditation Conference (NELAC)	See definition of The NELAC Institute (TNI).
National Institute of Occupational Safety and Health (NIOSH)	National institute charged with the provision of training, consultation and information in the area of occupational safety and health.
National Institute of Standards and Technology (NIST)	TNI- A federal agency of the US Department of Commerce's Technology Administration that is designed as the United States national metrology institute (or NMI).
National Pollutant Discharge Elimination System (NPDES)	A permit program that controls water pollution by regulating point sources that discharge pollutants into U.S. waters.
Negative Control	Measures taken to ensure that a test, its components, or the environment do not cause undesired effects, or produce incorrect test results.
Nitrogen Phosphorus Detector (NPD)	A detector used in GC analyses that utilizes thermal energy to ionize an analyte. With this detector, nitrogen and phosphorus can be selectively detected with a higher sensitivity than carbon.
Nonconformance	An indication or judgment that a product or service has not met the requirement of the relevant specifications, contract, or regulation; also the state of failing to meet the requirements.
Not Detected (ND)	The result reported for a compound when the detected amount of that compound is less than the method reporting limit.

Performance Based Measurement System (PBMS)	An analytical system wherein the data quality needs, mandates or limitations of a program or project are specified and serve as criteria for selecting appropriate test methods to meet those needs in a cost-effective manner.
Physical Parameter	TNI- A measurement of a physical characteristic or property of a sample as distinguished from the concentrations of chemical and biological components.
Photo-ionization Detector (PID)	An ion detector which uses high-energy photons, typically in the ultraviolet range, to break molecules into positively charged ions.
Polychlorinated Biphenyls (PCB)	A class of organic compounds that were used as coolants and insulating fluids for transformers and capacitors. The production of these compounds was banned in the 1970's due to their high toxicity.
Positive Control	Measures taken to ensure that a test and/or its components are working properly and producing correct or expected results from positive test subjects.
Post-Digestion Spike	A sample prepared for metals analyses that has analytes spike added to determine if matrix effects may be a factor in the results.
Power of Hydrogen (pH)	The measure of acidity or alkalinity of a solution.
Practical Quantitation Limit (PQL)	Another term for a method reporting limit. The lowest reportable concentration of a compound based on parameters set up in an analytical method and the laboratory's ability to reproduce those conditions.
Precision	TNI- The degree to which a set of observations or measurements of the same property, obtained under similar conditions, conform to themselves; a data quality indicator. Precision is usually expressed as standard deviation, variance or range, in either absolute or relative terms.
Preservation	TNI and DoD- Any conditions under which a sample must be kept in order to maintain chemical, physical, and/or biological integrity prior to analysis.
Primary Accreditation Body (Primary AB)	TNI- The accreditation body responsible for assessing a laboratory's total quality system, on-site assessment, and PT performance tracking for fields of accreditation.
Procedure	TNI- A specified way to carry out an activity or process. Procedures can be documented or not.
Proficiency Testing (PT)	TNI- A means to evaluate a laboratory's performance under controlled conditions relative to a given set of criteria, through analysis of unknown samples provided by an external source.
Proficiency Testing Program (PT Program)	TNI- The aggregate of providing rigorously controlled and standardized environmental samples to a laboratory for analysis, reporting of results, statistical evaluation of the results and the collective demographics and results summary of all participating laboratories.
Proficiency Testing Provider (PT Provider)	TNI- A person or organization accredited by a TNI-approved Proficiency Testing Provider Accreditor to operate a TNI-compliant PT Program.
Proficiency Testing Provider Accreditor (PTPA)	TNI- An organization that is approved by TNI to accredit and monitor the performance of proficiency testing providers.
Proficiency Testing Reporting Limit (PTRL)	TNI- A statistically derived value that represents the lowest acceptable concentration for an analyte in a PT sample, if the analyte is spiked into the PT sample. The PTRLs are specified in the TNI FoPT tables.

Proficiency Testing Sample (PT)	TNI- A sample, the composition of which is unknown to the laboratory, and is provided to test whether the laboratory can produce analytical results within the specified acceptance criteria.
Proficiency Testing (PT) Study	TNI- a) Scheduled PT Study: A single complete sequence of circulation and scoring of PT samples to all participants in a PT program. The study must have the same pre-defined opening and closing dates for all participants; b) Supplemental PT Study: A PT sample that may be from a lot previously released by a PT Provider that meets the requirements for supplemental PT samples given in Volume 3 of this Standard [TNI] but that does not have a pre-determined opening date and closing date.
Proficiency Testing Study Closing Date	TNI- a) Scheduled PT Study: The calendar date by which all participating laboratories must submit analytical results for a PT sample to a PT Provider; b) Supplemental PT Study: The calendar date a laboratory submits the results for a PT sample to the PT Provider.
Proficiency Testing Study Opening Date	TNI- a) Scheduled PT Study: The calendar date that a PT sample is first made available to all participants of the study by a PT Provider; b) Supplemental PT Study: The calendar date the PT Provider ships the sample to a laboratory.
Protocol	TNI- A detailed written procedure for field and/or laboratory operation (e.g., sampling, analysis) that must be strictly followed.
Qualitative Analysis	Analysis designed to identify the components of a substance or mixture.
Quality Assurance (QA)	TNI- An integrated system of management activities involving planning, implementation, assessment, reporting and quality improvement to ensure that a process, item, or service is of the type and quality needed and expected by the client.
Quality Assurance Manual (QAM)	A document stating the management policies, objectives, principles, organizational structure and authority, responsibilities, accountability, and implementation of an agency, organization, or laboratory, to ensure the quality of its product and the utility of its product to its users.
Quality Assurance Project Plan (QAPP)	A formal document describing the detailed quality control procedures by which the quality requirements defined for the data and decisions pertaining to a specific project are to be achieved.
Quality Control (QC)	TNI- The overall system of technical activities that measures the attributes and performance of a process, item, or service against defined standards to verify that they meet the stated requirements established by the customer; operational techniques and activities that are used to fulfill requirements for quality; also the system of activities and checks used to ensure that measurement systems are maintained within prescribed limits, providing protection against “out of control” conditions and ensuring that the results are of acceptable quality.
Quality Control Sample (QCS)	TNI- A sample used to assess the performance of all or a portion of the measurement system. One of any number of samples, such as Certified Reference Materials, a quality system matrix fortified by spiking, or actual samples fortified by spiking, intended to demonstrate that a measurement system or activity is in control.
Quality Manual	TNI- A document stating the management policies, objectives, principles, organizational structure and authority, responsibilities, accountability, and implementation of an agency, organization, or laboratory, to ensure the quality of its product and the utility of its product to its users.

Quality System	TNI - A structured and documented management system describing the policies, objectives, principles, organizational authority, responsibilities, accountability, and implementation plan of an organization for ensuring quality in its work processes, products (items), and services. The quality system provides the framework for planning, implementing, and assessing work performed by the organization and for carrying out required quality assurance and quality control activities.
Quantitation Range	The range of values (concentrations) in a calibration curve between the LOQ and the highest successively analyzed initial calibration standard used to relate instrument response to analyte concentration. The quantitation range (adjusted for initial sample volume/weight, concentration/dilution and final volume) lies within the calibration range.
Quantitative Analysis	Analysis designed to determine the amounts or proportions of the components of a substance.
Random Error	The EPA has established that there is a 5% probability that the results obtained for any one analyte will exceed the control limits established for the test due to random error. As the number of compounds measured increases in a given sample, the probability for statistical error also increases.
Raw Data	TNI- The documentation generated during sampling and analysis. This documentation includes, but is not limited to, field notes, electronic data, magnetic tapes, untabulated sample results, QC sample results, print outs of chromatograms, instrument outputs, and handwritten records.
Reagent Blank (method reagent blank)	A sample consisting of reagent(s), without the target analyte or sample matrix, introduced into the analytical procedure at the appropriate point and carried through all subsequent steps to determine the contribution of the reagents and of the involved analytical steps.
Reagent Grade	Analytical reagent (AR) grade, ACS reagent grade, and reagent grade are synonymous terms for reagents that conform to the current specifications of the Committee on Analytical Reagents of the American Chemical Society.
Records	The output of implementing and following management system documents (e.g., test data in electronic or hand-written forms, files, and logbooks).
Reference Material	TNI- Material or substance one or more of whose property values are sufficiently homogenized and well established to be used for the calibration of an apparatus, the assessment of a measurement method, or for assigning values to materials.
Reference Method	TNI- A published method issued by an organization generally recognized as competent to do so. (When the ISO language refers to a “standard method”, that term is equivalent to “reference method”). When a laboratory is required to analyze by a specified method due to a regulatory requirement, the analyte/method combination is recognized as a reference method. If there is no regulatory requirement for the analyte/method combination, the analyte/method combination is recognized as a reference method if it can be analyzed by another reference method of the same matrix and technology.
Reference Standard	TNI- Standard used for the calibration of working measurement standards in a given organization or at a given location.
Relative Percent Difference (RPD)	A measure of precision defined as the difference between two measurements divided by the average concentration of the two measurements.

Reporting Limit (RL)	The lowest reportable concentration of a compound based on parameters set up in an analytical method and the laboratory's ability to reproduce those conditions. Reporting limits are corrected for sample amounts, including the dry weight of solids, unless otherwise specified. There must be a sufficient buffer between the Reporting Limit and the MDL.
Reporting Limit Verification Standard (RLVS)	A standard analyzed at the reporting limit for an analysis to verify the laboratory's ability to report to that level.
Representativeness	A quality element related to the ability to collect a sample reflecting the characteristics of the part of the environment to be assessed. Sample representativeness is dependent on the sampling techniques specified in the project work plan.
Requirement	Denotes a mandatory specification; often designated by the term "shall".
Retention Time	The time between sample injection and the appearance of a solute peak at the detector.
Revocation	TNI- The total or partial withdrawal of a laboratory's accreditation by an accreditation body.
Sample	Portion of material collected for analysis, identified by a single, unique alphanumeric code. A sample may consist of portions in multiple containers, if a single sample is submitted for multiple or repetitive analysis.
Sample Condition Upon Receipt Form (SCURF)	Form used by sample receiving personnel to document the condition of sample containers upon receipt to the laboratory (used in conjunction with a COC).
Sample Delivery Group (SDG)	A unit within a single project that is used to identify a group of samples for delivery. An SDG is a group of 20 or fewer field samples within a project, received over a period of up to 14 calendar days. Data from all samples in an SDG are reported concurrently.
Sample Receipt Form (SRF)	Letter sent to the client upon login to show the tests requested and pricing.
Sample Tracking	Procedures employed to record the possession of the samples from the time of sampling until analysis, reporting and archiving. These procedures include the use of a chain-of-custody form that documents the collection, transport, and receipt of compliance samples to the laboratory. In addition, access to the laboratory is limited and controlled to protect the integrity of the samples.
Sampling	TNI- Activity related to obtaining a representative sample of the object of conformity assessment, according to a procedure.
Selected Ion Monitoring (SIM)	A mode of analysis in mass spectrometry where the detector is set to scan over a very small mass range, typically one mass unit. The narrower the range, the more sensitive the detector.
Selectivity	TNI- The ability to analyze, distinguish, and determine a specific analyte or parameter from another component that may be a potential interferent or that may behave similarly to the target analyte or parameter within the measurement system.
Sensitivity	TNI- The capability of a method or instrument to discriminate between measurement responses representing different levels (e.g., concentrations) of a variable of interest.
Serial Dilution	The stepwise dilution of a substance in a solution.

Shall	EPA – The word "shall" is used to indicate aspects of the method that are considered essential to its performance, based on sound analytical practices.
Should	EPA – The word "should" is used to provide guidance on aspects of the method that are useful but not essential.
Signal-to-Noise Ratio (S/N)	A measure of signal strength relative to background noise. The average strength of the noise of most measurements is constant and independent of the magnitude of the signal. Thus, as the quantity being measured (producing the signal) decreases in magnitude, S/N decreases and the effect of the noise on the relative error of a measurement increases.
Source Water	TNI- When sampled for drinking water compliance, untreated water from streams, rivers, lakes, or underground aquifers, which is used to supply private and public drinking water supplies.
Spike	A known mass of target analyte added to a blank sample or sub-sample; used to determine recovery efficiency or for other quality control purposes.
Standard (Document)	TNI- The document describing the elements of a laboratory accreditation that has been developed and established within the consensus principles of standard setting and meets the approval requirements of standard adoption organizations procedures and policies.
Standard (Chemical)	Standard samples are comprised of a known amount of standard reference material in the matrix undergoing analysis. A standard reference material is a certified reference material produced by US NIST and characterized for absolute content, independent of analytical test method.
Standard Blank (or Reagent Blank)	A calibration standard consisting of the same solvent/reagent matrix used to prepare the calibration standards without the analytes. It is used to construct the calibration curve by establishing instrument background.
Standard Method	A test method issued by an organization generally recognized as competent to do so.
Standard Operating Procedure (SOP)	TNI- A written document that details the method for an operation, analysis, or action with thoroughly prescribed techniques and steps. SOPs are officially approved as the methods for performing certain routine or repetitive tasks.
Standard Reference Material (SRM)	A certified reference material produced by the US NIST or other equivalent organization and characterized for absolute content, independent of analytical method.
Statement of Qualifications (SOQ)	A document that lists information about a company, typically the qualifications of that company to compete on a bid for services.
Stock Standard	A concentrated reference solution containing one or more analytes prepared in the laboratory using an assayed reference compound or purchased from a reputable commercial source.
Storage Blank	A sample of analyte-free media prepared by the laboratory and retained in the sample storage area of the laboratory. A storage blank is used to record contamination attributable to sample storage at the laboratory.
Supervisor	The individual(s) designated as being responsible for a particular area or category of scientific analysis. This responsibility includes direct day-to-day supervision of technical employees, supply and instrument adequacy and upkeep, quality assurance/quality control duties and ascertaining that technical employees have the required balance of education, training and experience to perform the required analyses.

Surrogate	A substance with properties that mimic the analyte of interest. It is unlikely to be found in environmental samples and is added to them for quality control purposes.
Suspension	TNI- The temporary removal of a laboratory's accreditation for a defined period of time, which shall not exceed 6 months or the period of accreditation, whichever is longer, in order to allow the laboratory time to correct deficiencies or area of non-conformance with the Standard.
Systems Audit	An on-site inspection or assessment of a laboratory's quality system.
Target Analytes	Analytes or chemicals of primary concern identified by the customer on a project-specific basis.
Technical Director	Individual(s) who has overall responsibility for the technical operation of the environmental testing laboratory.
Technology	TNI- A specific arrangement of analytical instruments, detection systems, and/or preparation techniques.
Test	A technical operation that consists of the determination of one or more characteristics or performance of a given product, material, equipment, organism, physical phenomenon, process or service according to a specified procedure. The result of a test is normally recorded in a document sometimes called a test report or a test certificate.
Test Method	A definitive procedure that determines one or more characteristics of a given substance or product.
Test Methods for Evaluating Solid Waste, Physical/ Chemical (SW-846)	EPA Waste's official compendium of analytical and sampling methods that have been evaluated and approved for use in complying with RCRA regulations.
Test Source	TNI- A radioactive source that is tested, such as a sample, calibration standard, or performance check source. A Test Source may also be free of radioactivity, such as a Test Source counted to determine the subtraction background, or a short-term background check.
The NELAC Institute (TNI)	A non-profit organization whose mission is to foster the generation of environmental data of known and documented quality through an open, inclusive, and transparent process that is responsive to the needs of the community. Previously known as NELAC (National Environmental Laboratory Accreditation Conference).
Total Petroleum Hydrocarbons (TPH)	A term used to denote a large family of several hundred chemical compounds that originate from crude oil. Compounds may include gasoline components, jet fuel, volatile organics, etc.
Toxicity Characteristic Leaching Procedure (TCLP)	A solid sample extraction method for chemical analysis employed as an analytical method to simulate leaching of compounds through a landfill.
Traceability	TNI- The ability to trace the history, application, or location of an entity by means of recorded identifications. In a calibration sense, traceability relates measuring equipment to national or international standards, primary standards, basic physical conditions or properties, or reference materials. In a data collection sense, it relates calculations and data generated throughout the project back to the requirements for the quality of the project.

Training Document	A training resource that provides detailed instructions to execute a specific method or job function.
Trip Blank	This blank sample is used to detect sample contamination from the container and preservative during transport and storage of the sample. A cleaned sample container is filled with laboratory reagent water and the blank is stored, shipped, and analyzed with its associated samples.
Tuning	A check and/or adjustment of instrument performance for mass spectrometry as required by the method.
Ultraviolet Spectrophotometer (UV)	Instrument routinely used in quantitative determination of solutions of transition metal ions and highly conjugated organic compounds.
Uncertainty, Counting	TNI- The component of Measurement Uncertainty attributable to the random nature of radioactive decay and radiation counting (often estimated as the square root of observed counts (MARLAP). Older references sometimes refer to this parameter as Error, Counting Error or Count Error (c.f., Total Uncertainty).
Uncertainty, Expanded	TNI- The product of the Standard Uncertainty and a coverage factor, k, which is chosen to produce an interval about the result that has a high probability of containing the value of the measurand (c.f., Standard Uncertainty). NOTE: Radiochemical results are generally reported in association with the Total Uncertainty. Either if these estimates of uncertainty can be reported as the Standard Uncertainty (one-sigma) or as an Expanded Uncertainty (k-sigma, where $k > 1$).
Uncertainty, Measurement	TNI- Parameter associated with the result of a measurement that characterizes the dispersion of the values that could reasonably be attributed to the measurand.
Uncertainty, Standard	TNI- An estimate of the Measurement Uncertainty expressed as a standard deviation (c.f., Expanded Uncertainty).
Uncertainty, Total	TNI- An estimate of the Measurement Uncertainty that accounts for contributions from all significant sources of uncertainty associated with the analytical preparation and measurement of a sample. Such estimates are also commonly referred to as Combined Standard Uncertainty or Total Propagated Uncertainty, and in some older references as the Total Propagated Error, among other similar items (c.f., Counting Uncertainty).
Unethical actions	Deliberate falsification of analytical or quality control results where failed method or contractual requirements are made to appear acceptable.
United States Department of Agriculture (USDA)	A department of the federal government that provides leadership on food, agriculture, natural resources, rural development, nutrition and related issues based on public policy, the best available science, and effective management.
United States Geological Survey (USGS)	Program of the federal government that develops new methods and tools to supply timely, relevant, and useful information about the Earth and its processes.
Unregulated Contaminant Monitoring Rule (UCMR)	EPA program to monitor unregulated contaminants in drinking water.
Validation	The confirmation by examination and provision of objective evidence that the particular requirements for a specific intended use are fulfilled.

Verification	TNI- Confirmation by examination and objective evidence that specified requirements have been met. In connection with the management of measuring equipment, verification provides a means for checking that the deviations between values indicated by a measuring instrument and corresponding known values of a measured quantity are consistently smaller than the maximum allowable error defined in a standard, regulation or specification peculiar to the management of the measuring equipment.
Voluntary Action Program (VAP)	A program of the Ohio EPA that gives individuals a way to investigate possible environmental contamination, clean it up if necessary and receive a promise from the State of Ohio that no more cleanup is needed.
Whole Effluent Toxicity (WET)	The aggregate toxic effect to aquatic organisms from all pollutants contained in a facility's wastewater (effluent).

10.0. REFERENCES

10.1. "Guidelines Establishing Test Procedures for the Analysis of Pollutants Under the Clean Water Act." Federal Register, 40 CFR Part 136, most current version.

10.2. "Test Methods for Evaluating Solid Wastes: Physical/Chemical Methods." SW-846.

10.3. "Methods for Chemical Analysis of Water and Wastes", EPA 600-4-79-020, 1979 Revised 1983, U.S. EPA.

10.4. U.S. EPA Contract Laboratory Program Statement of Work for Organic Analysis.

10.5. U.S. EPA Contract Laboratory Program Statement of Work for Inorganic Analysis.

10.6. "Standard Methods for the Examination of Water and Wastewater." Current Edition APHA-AWWA-WPCF.

10.7. "Annual Book of ASTM Standards", Section 4: Construction, Volume 04.04: Soil and Rock; Building Stones, American Society of Testing and Materials.

10.8. "Annual Book of ASTM Standards", Section 11: Water and Environmental Technology, American Society of Testing and Materials.

10.9. "NIOSH Manual of Analytical Methods", U.S. Department of Health and Human Services, National Institute for Occupational Safety and Health, most current version.

10.10. "Methods for the Determination of Organic Compounds in Finished Drinking Water and Raw Source Water", U.S. EPA, Environmental Monitoring and Support Laboratory – Cincinnati (Sep 1986).

10.11. Quality Assurance of Chemical Measurements, Taylor, John K.; Lewis Publishers, Inc. 1987.

10.12. Methods for Non-conventional Pesticides Chemicals Analysis of Industrial and Municipal Wastewater, Test Methods, EPA-440/1-83/079C.

10.13. Environmental Measurements Laboratory (EML) Procedures Manual, HASL-300, US DOE, February, 1992.

10.14. Requirements for Quality Control of Analytical Data, HAZWRAP, DOE/HWP-65/R1, July, 1990.

10.15. Requirements for Quality Control of Analytical Data for the Environmental Restoration Program, Martin Marietta, ES/ER/TM-16, December, 1992.

10.16. Quality Assurance Manual for Industrial Hygiene Chemistry, AIHA, most current version.

10.17. National Environmental Laboratory Accreditation Conference (NELAC) Standard- most current version.

10.18. ISO/IEC 17025, General requirements for the competence of testing and calibration laboratories- most current version.

10.19. Department of Defense Quality Systems Manual (QSM), most current version.

10.20. TNI (The NELAC Institute) Standard- 2003 and 2009.

10.21. UCMR Laboratory Approval Requirements and Information Document, most current version.

10.22. US EPA Drinking Water Manual, most current version.

11.0. REVISIONS

The Pace Corporate Environmental Quality Office files an electronic version of a Microsoft Word document with tracked changes detailing all revisions made to previous versions of the Quality Assurance Manual. This document is available upon request. All current revisions are summarized in the table below.

Document Number	Reason for Change	Date
Quality Assurance Manual 19.0	General: made administrative edits that do not affect the policies or procedures within the document (including revising company name to Pace Analytical Services, LLC). Cover page: removed corporate approval signature lines and revised document control format. Table of Contents: added Attachment VII – Pace COC Old Section 3: moved to other sections of the QAM as applicable and deleted entire section (All section references below reflect the new section numbers). Section 1.1.2: replaced with section 3.1.1. Sections 1.3, 1.4, 1.11: removed extraneous language. Sections 1.5: added language from old section 1.6. Section 1.6: revised anonymous reporting information. Section 1.8: removed job descriptions for non-applicable personnel. Section 1.8.4: added tasks to QM job description. Section 1.8.8: added tasks to PM job description. Section 1.11.1: added keyless entry using key fobs detail. Section 2: rearranged existing sections. Section 2.4: reworded to match existing Sample Acceptance policy document. Section 2.6.3.2: added some detail regarding temperature monitoring corrective action. Section 2.6.5.1: added by-products of USDA soils. Section 3.2.2: added basic evaluation criteria. Section 3.4.3: added MS and Dup as optional alternative to MS/MSD. Section 3.5.2: added basic evaluation criteria. Section 3.9.1: added that RL may be based on calibration standard. Section 3.14: added new instrumentation as requiring validation. Section 4: in general, for each QC type, removed language regarding frequency and corrective actions and referenced lab-specific SOPs. Section 5: in general, removed extraneous language and Management of Change section. Section 5.1, 5.2: reorganized into Primary and Secondary Review sections and removed extraneous language. Section 5.3.2: specified types of support equipment to be monitored daily. Section 5.3.3.1: specified “working” weights. Section 5.3.4.2: added temperature sensors and added alternatives to annual in-house verification. Section 5.3.5: added pH electrode inspection/maintenance. Section 6: removed extraneous language including Quarterly Report section. Section 8.2.3.1: added “or designee”. Section 9 (glossary): revised and added definitions based on 2016 TNI Standard. Added “may, must, shall and should” based on SW-846 definition. Section 10: Added EPA DW Manual and revised references as applicable. Attachment III: updated corporate organizational chart. Old Attachment IV: removed floor plan attachment. Old Attachment VII: removed COC (available in SOPs). Indy added back in.	22Mar2017

Document Number	Reason for Change	Date
Quality Assurance Manual 19.1	Throughout the document, references to SOP numbers were removed leaving only SOP titles. Section 1.8.9: added for Project Coordinator position. Section 2.4.3: changed "drinking water" to "drinking water compliance" for clarity. Section 2.6.4.1: clarified hazardous sample labeling. Section 3.8.1: updated the 40 CFR Part 136 reference. Section 3.12.1: removed language that limits the use of 3 sig figs. Section 5.1.6: added section to generally cover handling, storage, and transport of reference standards and reference materials. Section 5.2: removed details and added reference to Calibration Procedures SOP. Section 5.3.4: updated to reflect quarterly digital/mechanical thermometer calibration. Section 5.5: added section to generally cover handling, storage, maintenance and transport of measurement equipment. Section 6.3.1: clarified data review anomalies will be qualified or narrated. Section 6.3.2.1: updated to include the actual name of the final report. Section 8.2.2.1: added "calculation error" as a possible type of non-conformance. Glossary: updated definition of Deuterated Monitoring Compounds, removed DoD references, and updated the definition of Reporting Limit (RL). Attachment II: updated Attachment III: updated Attachment VI: updated Attachment V: updated Attachment VI: updated	14Jun2018

ATTACHMENT I- QUALITY CONTROL CALCULATIONS

PERCENT RECOVERY (%REC)

$$\%REC = \frac{(MSConc - SampleConc)}{TrueValue} * 100$$

NOTE: The SampleConc is zero (0) for the LCS and Surrogate Calculations

PERCENT DIFFERENCE (%D)

$$\%D = \frac{MeasuredValue - TrueValue}{TrueValue} * 100$$

where:
TrueValue = Amount spiked (can also be the $\overline{CF}$ or $\overline{RF}$ of the ICAL Standards)
Measured Value = Amount measured (can also be the CF or RF of the CCV)

PERCENT DRIFT

$$\%Drift = \frac{CalculatedConcentration - TheoreticalConcentration}{TheoreticalConcentrtion} * 100$$

RELATIVE PERCENT DIFFERENCE (RPD)

$$RPD = \frac{|(R1 - R2)|}{(R1 + R2)/2} * 100$$

where:
R1 = Result Sample 1
R2 = Result Sample 2

CORRELATION COEFFICIENT (R)

$$CorrCoeff = \frac{\sum_{i=1}^{N} W_i * (X_i - \overline{X}) * (Y_i - \overline{Y})}{\sqrt{\left(\sum_{i=1}^{N} W_i * (X_i - \overline{X})^2\right) * \left(\sum_{i=1}^{N} W_i * (Y_i - \overline{Y})^2\right)}}$$

With:		
	N	Number of standard samples involved in the calibration
	i	Index for standard samples
	Wi	Weight factor of the standard sample no. i
	Xi	X-value of the standard sample no. i
	X(bar)	Average value of all x-values
	Yi	Y-value of the standard sample no. i
	Y(bar)	Average value of all y-values

ATTACHMENT I- QUALITY CONTROL CALCULATIONS (CONTINUED)

STANDARD DEVIATION (S)

$$S = \sqrt{\sum_{i=1}^{n} \frac{(X_i - \overline{X})^2}{(n-1)}}$$

where:
n = number of data points
X_i = individual data point
$\overline{X}$ = average of all data points

AVERAGE ($\overline{X}$)

$$\overline{X} = \frac{\sum_{n=1}^{i} X_i}{n}$$

where:
n = number of data points
X_i = individual data point

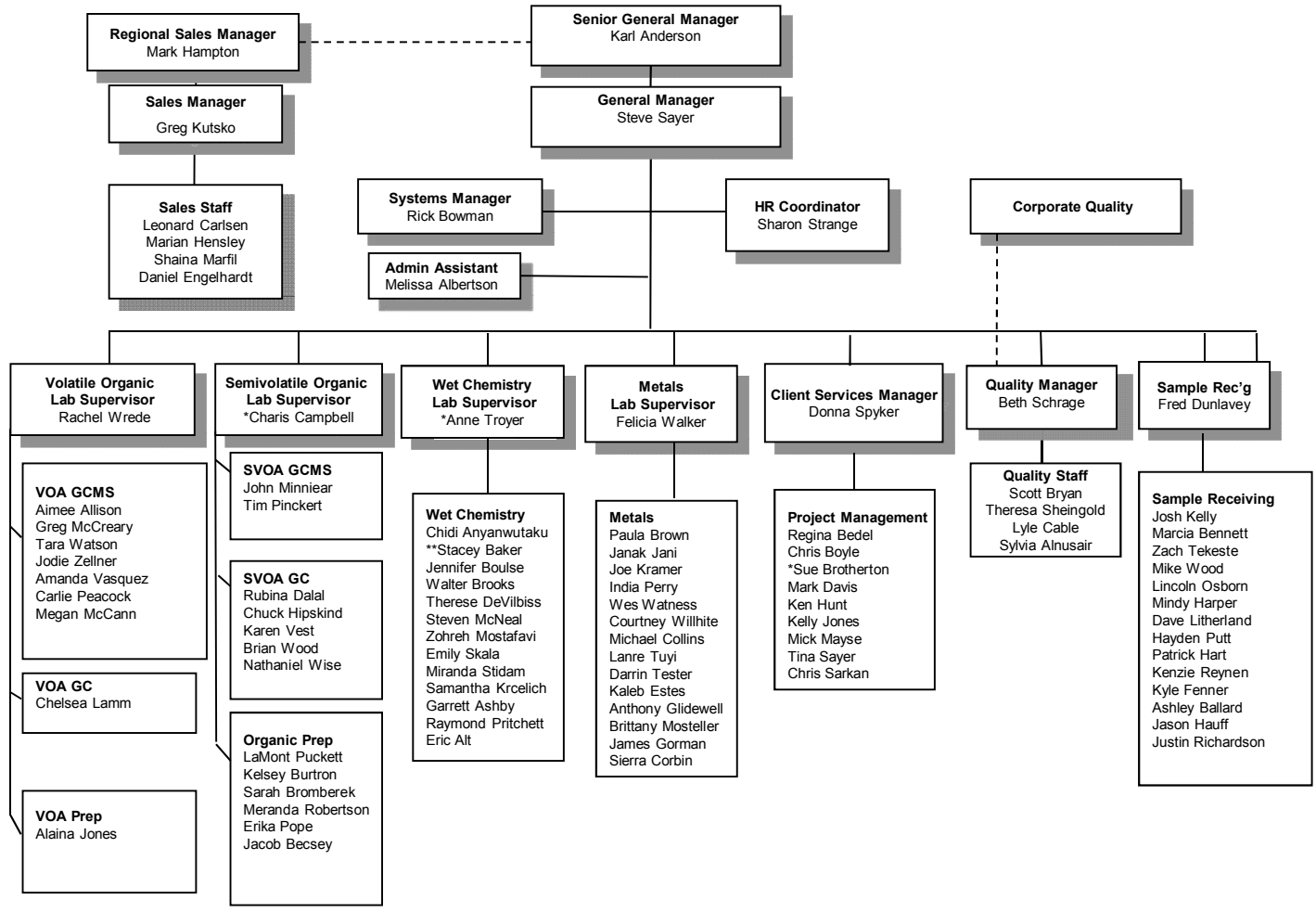
RELATIVE STANDARD DEVIATION (RSD)

$$RSD = \frac{S}{\overline{X}} * 100$$

where:
S = Standard Deviation of the data points
$\overline{X}$ = average of all data points

ATTACHMENT II- LABORATORY ORGANIZATIONAL CHART (CURRENT AS OF ISSUE DATE)

PACE ANALYTICAL SERVICES - INDIANAPOLIS

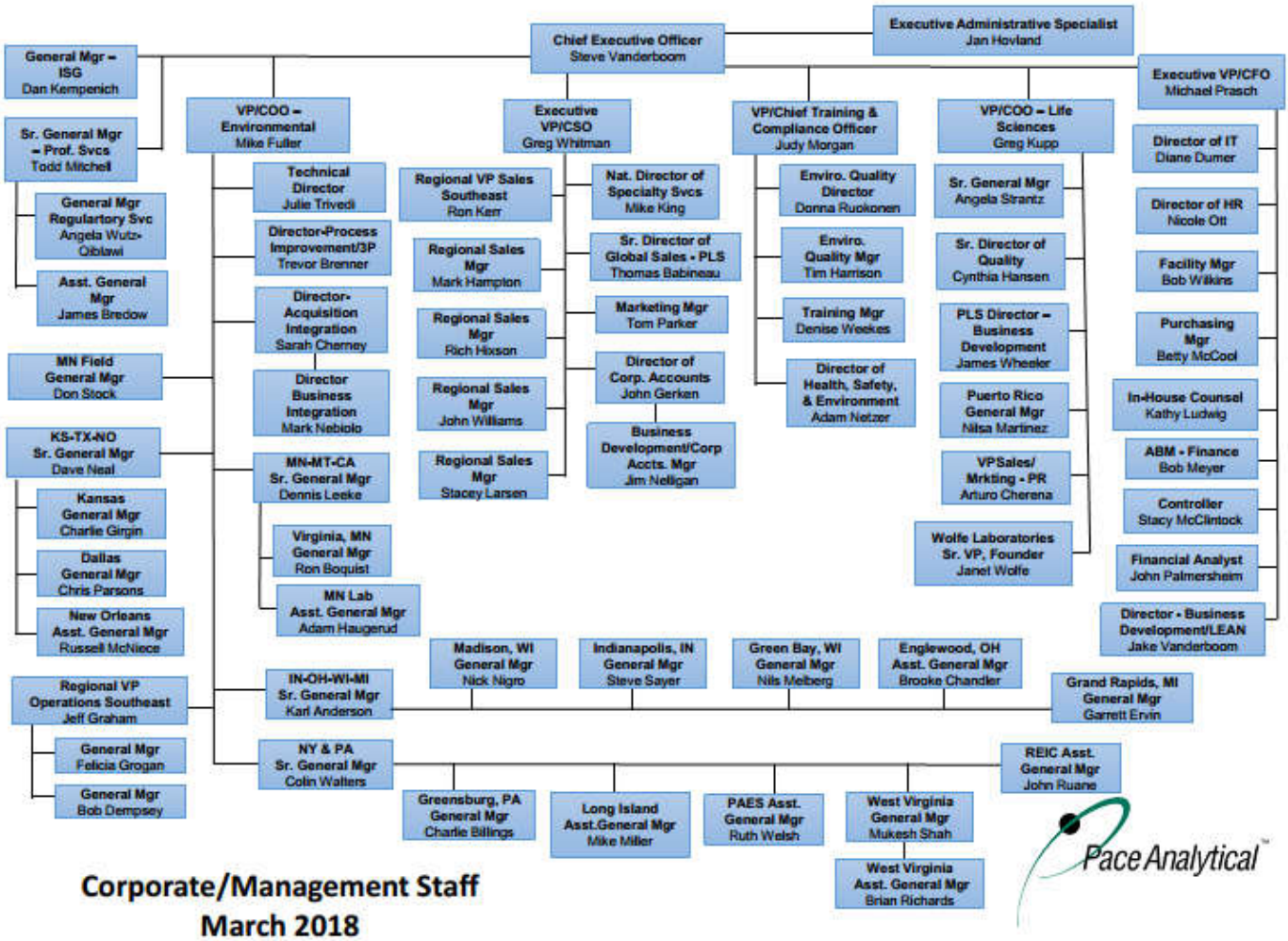


*TNI TECHNICAL DIRECTOR

**DEPT LEAD

Last Revised 5/11/18

ATTACHMENT III- CORPORATE ORGANIZATIONAL CHART (CURRENT AS OF ISSUE DATE)



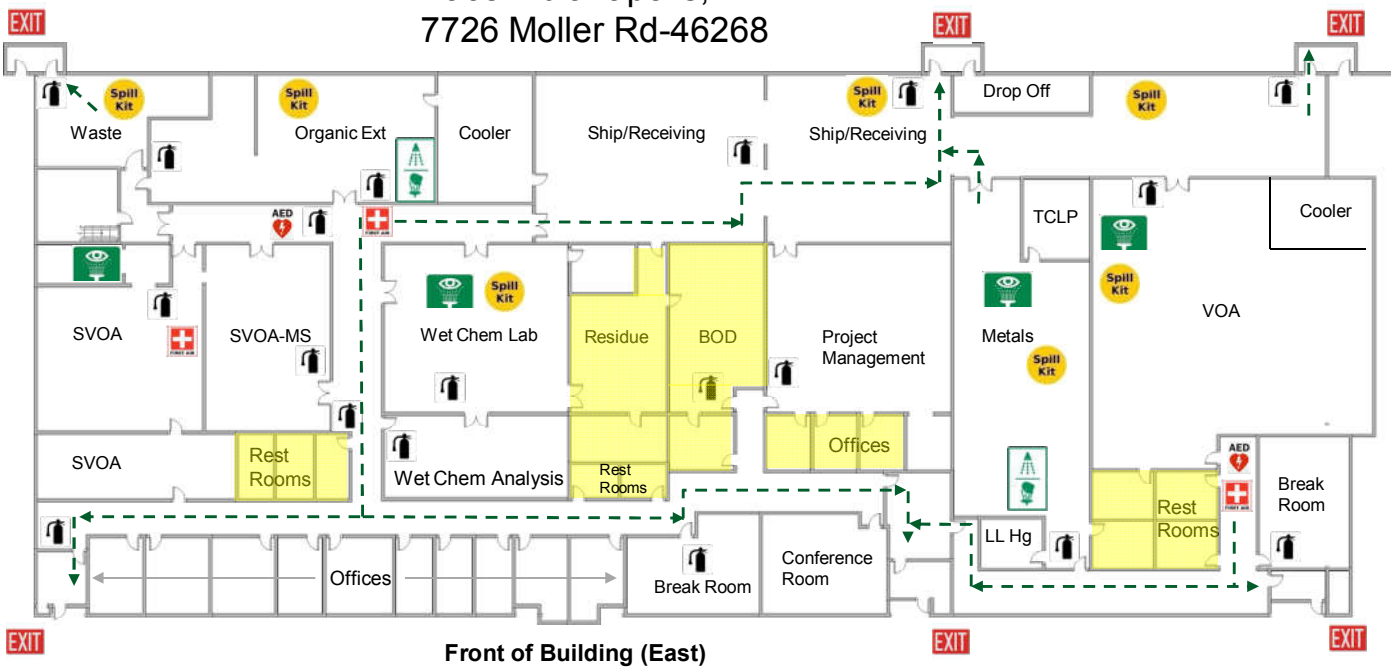
ATTACHMENT IV- EQUIPMENT LIST (CURRENT AS OF ISSUE DATE)

Pace Indianapolis Equipment/Instrumentation List

INSTRUMENT	MANUFACTURER	MODEL NUMBER	DETECTOR	AUTOSAMPLER	SERVICE ANALYSIS	YEAR
GC/MS	Agilent	6890	MS 5973	Centurion W/S	8260/624 VOC	2003
GC/MS	Agilent	6890	MS 5973	Centurion	8260/624/524.2 VOC	2007
GC/MS	Agilent	6890	MS 5973	Centurion W/S	8260/624 VOC	2003
GC/MS	Agilent	6850N	MS 5975	Centurion	8260/624/524.2 VOC	2007
GC/MS	Agilent	6890	MS 5973	Centurion W/S	8260/624 VOC	2004
GC/MS	Agilent	6850N	MS 5975	Centurion	8260/624 VOC	2010
GC/MS	Agilent	6890	MS 5973	OI	8260/624/524.2 VOC	2007
GC/MS	Agilent	7890	MS 5975C	Archon	8260	2008
GC/MS	Agilent	6890	MS 5975	OI	8260/624/524.2 VOC	2007
GC/MS	Agilent	6890	5975	Centurion	8260/624 VOC	2008
GC/MS	Hewlett-Packard	6890	MS 5973	7683	8270 PAH SIM	2000
GC/MS (2)	Agilent	7890	MS 5975	7683	8270/625 BNA	2008
GC/MS (2)	Agilent	6890	MS 5975	7683	8270 PAH SIM	2009
GC/MS (3)	Agilent	6890	MS 5973	7683	8270/625 BNA	2008
GC/MS	Agilent	7890	MS 5975	7683	8270 PAH SIM	2009
GC/MS (2)	Hewlett-Packard	5890	MS 5971	7673	Solvent Screen	2007
GC/MS	Agilent	7890B	MS 5977	7693	8270/PAH SIM	2017
GC/MS	Agilent	7890B	MS 5977	7693	8270/PAH SIM	2018
Gas Chromatograph	Agilent	6890	FID	7683	8015 Alcohols	2006
Gas Chromatograph	Hewlett-Packard	6890	FID	6890	8015 Glycols	2008
Gas Chromatograph	Agilent	7890A	FID	7693	8015 DRO/ERO	2009
Gas Chromatograph	Agilent	7890A	Dual ECD	7693	8082/608 PCBs/8011 EDB/DBCP	2009/2013
Gas Chromatograph	Hewlett-Packard	5890	FID	6890	Benzene	2006
Gas Chromatograph	Hewlett-Packard	5890	FID	8100	8015 GRO	2011
Gas Chromatograph	Hewlett-Packard	5890	FID	EST LGX50	RSK175 Dissolved gases	2006
Gas Chromatograph	Agilent	6890N	FID	8100	8015 GRO	2008
Gas Chromatograph	Agilent	6890	Dual NPD	7683	Pesticides	2008
Gas Chromatograph (2)	Agilent	6890	Dual ECD	7683	PCBs	2008
Gas Chromatograph	Hewlett-Packard	6890	Dual ECD	7683	Herbicides	2008
Gas Chromatograph	Agilent	7890	Dual ECD	7693	Pesticides	2010
Microwave Extractors (2)	CEM	230/60	n/a	n/a	soil extraction	2008/2011
Spe-Dex	Horizon	4790	n/a	n/a	1664A Oil & Grease	2008
Trace ICP (2)	Thermo Scientific	ICAP 6500	n/a	ASX520	6010/200.7 Metals	2008/2011
Trace ICP	Thermo Scientific	ICAP 6500	n/a	ESI SC-4 FAST	6010/200.7 Metals	2011
ICP/MS	Agilent	7700	n/a	ASX520	6020/200.8 Metals	2012
ICP/MS	Agilent	7800	n/a	ASX520	6020/200.8 Metals	2018
Mercury Analyzer	CETAC	M-6100	n/a	ASX520	7470/7471/245 Mercury	2012/2010
Mercury Analyzer	Teledyne Leeman	M-7600	n/a	ASX520	7470/7471/245 Mercury	2016
Low-Level Mercury Analyzer	CETAC	M-8000	n/a	ASX520	Low-Level Mercury	2015
Auto Analyzer (2)	Lachat	Quick Chem	n/a	n/a	NO3,Cl,Phenol, NH3,TKN	2010/2012
Titrosampler	Metrohm	855	n/a	n/a	Alkalinity, Acidity	2014
Automated Flash Point	Tanaka	APM-8	n/a	n/a	flash point	2010
Spectrophotometer	Spec 20	Labtronics	n/a	n/a	Sulfide	2002
Spectrophotometer	Hach	DR5000	n/a	n/a	Sulfate,Cr6+,Fe2+, PO4	2007
Spectrophotometer	Thermo	AquaMatePlus	n/a	n/a	Surfactants, COD	2005
Turbidimeter	Hach	2100P	n/a	n/a	Turbidity	2006
pH/ISE Meter (2)	Accumet	AR25/XL25	n/a	n/a	pH, Fluoride, Redox	2003/2010
pH/ISE Meter	Thermo Orion Star	A214	n/a	n/a	pH, Fluoride, Redox	2013
Conductivity Meter	Oakton	CON 700	n/a	n/a	Conductivity	2016
Dissolved Oxygen/pH Meter	Hach	HQ440d	n/a	n/a	BOD, cBOD	2014
BOD Analyzer	Thermo	AutoEz	n/a	n/a	BOD, cBOD	2013
TOC Analyzer	Shimadzu	TOC-Vwp	n/a	n/a	TOC, DOC	2008
TOC Analyzer	Teledyne	Phoenix 8000	n/a	n/a	TOC, DOC	2005
Discrete Analyzer	Smart Chem	200	n/a	n/a	Cyanide, Phosphorus	2006
Ion Chromatogram	Dionex	IC3000	n/a	AS-1	Cl-, F-, SO4-, Br-, NO3/NO2	2008
Ion Chromatogram	Dionex	ICS2100	n/a	AS-AP	Cl-, F-, SO4-, Br-, NO3/NO2	2013

ATTACHMENT V- LABORATORY FLOOR PLAN (CURRENT AS OF ISSUE DATE)

Pace Indianapolis, IN
7726 Moller Rd-46268



Employee Entrance

Front of Building (East)

= Your Location

Main Entrance

Employee Entrance

= Automated External defibrillator

= First Aid Station

= Spill Kits

= Shower/Eyewash Combo

= Eyewash/Drench Hose Available

= ABC Extinguisher Location

= Severe Weather Shelters

Fire Evacuation Meeting Place
(Front Parking lot. Greenway by road between main entrance and south entrance)

Effective:
3/26/18

ATTACHMENT VI- LABORATORY CERTIFICATION LIST (CURRENT AS OF ISSUE DATE)

Pace Analytical Services, LLC
Indianapolis Laboratory Certifications

Accrediting Authority	Program Category	Accrediting Agency	Accreditation #	Expiration Date
Illinois (Secondary TNI)	Hazardous Waste	IL-EPA	200074	10/12/2018
Illinois (Secondary TNI)	Non-Potable Water	IL-EPA	200074	10/12/2018
Indiana	Drinking Water	ISDH	C-49-06	12/31/2021
Kansas (Primary TNI)	Hazardous Waste	KDHE	E-10177	06/30/2018
Kansas (Primary TNI)	Non-Potable Water	KDHE	E-10177	06/30/2018
Kentucky	UST	KDEP	80226	06/30/2018
Kentucky	Wastewater	KDEP	KY98019	12/31/2018
Ohio VAP	Hazardous Waste	OH-EPA	CL0065	01/10/2020
Ohio VAP	Non-Potable Water	OH-EPA	CL0065	01/10/2020
Oklahoma	Non-Potable Water	OK DEQ	9204	08/31/2018
Oklahoma	Solids	OK DEQ	9204	08/31/2018
Texas (Secondary TNI)	Non-Potable Water	TX CEQ	T104704355	01/31/2019
Texas (Secondary TNI)	Solid Chemical Mat.	TX CEQ	T104704355	01/31/2019
USDA	Compliance Agreement	USDA	IN-16-SL-FR-002	05/04/2019
USDA	Foreign Soil Permit	USDA	P330-16-00257	08/19/2019
West Virginia	Hazardous Waste	WV-DEP	330	10/31/2018
West Virginia	Non-Potable Water	WV-DEP	330	10/31/2018
Wisconsin	Non-Potable Water	WI DNR	999788130	08/31/2018
Wisconsin	Waste, Soil, Tissue	WI DNR	999788130	08/31/2018

ATTACHMENT VII- PACE CHAIN-OF-CUSTODY (CURRENT AS OF ISSUE DATE)

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Pace Analytical™ www.pacelabs.com

Page: of

Section A Required Client Information:
Company:
Address:
Email To: Fax:
Phone:
Requested Due Date/TAT:

Section B Required Project Information:
Report To:
Copy To:
Purchase Order No.:
Project Name:
Project Number:

Section C Invoice Information:
Attention:
Company Name:
Address:
Pace Quote Reference:
Pace Project Manager:
Pace Profile #:

REGULATORY AGENCY
☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER
Site Location STATE:

Section D Required Client Information

SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE

Matrix Codes (MATRIX / CODE): Drinking Water DW; Water WT; Waste Water WW; Product P; Soil/Solid SL; Oil OL; Wipe WP; Air AR; Tissue TS; Other OT

ITEM #	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED: COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Other	Analysis Test ↓	Y/N	Requested Analysis Filtered (Y/N)	Residual Chlorine (Y/N)	Pace Project No./ Lab I.D.
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME

SAMPLE CONDITIONS: Temp in °C; Received on Ice (Y/N); Custody Sealed Cooler (Y/N); Samples Intact (Y/N)

SAMPLER NAME AND SIGNATURE
PRINT Name of SAMPLER:
SIGNATURE of SAMPLER:
DATE Signed (MM/DD/YY):

ATTACHMENT VIII- METHOD HOLD TIME, CONTAINER AND PRESERVATION GUIDE (CURRENT AS OF ISSUE DATE)

THE HOLDING TIME INDICATED IN THE CHART BELOW IS THE MAXIMUM ALLOWABLE TIME FROM COLLECTION TO EXTRACTION AND/OR ANALYSIS PER THE ANALYTICAL METHOD. FOR METHODS THAT REQUIRE PROCESSING PRIOR TO ANALYSIS, THE HOLDING TIME IS DESIGNATED AS 'PREPARATION HOLDING TIME/ANALYSIS HOLDING TIME'.

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Acid Base Accounting	Sobek	Solid	Plastic/Glass	None	N/A
Acidity	SM2310B	Water	Plastic/Glass	$\leq 6^oC$	14 Days
Acid Volatile Sulfide	Draft EPA 1629	Solid	8oz Glass	$\leq 6^oC$	14 Days
Actinides	HASL-300	Water	Plastic/Glass	pH<2 HNO_3	180 Days
Actinides	HASL-300	Solid	Plastic/Glass	None	180 Days
Alkalinity	SM2320B/310.2	Water	Plastic/Glass (NY requires separate bottle filled to the exclusion of air)	$\leq 6^oC$	14 Days
Alkylated PAHs		Water	1L Amber Glass	$\leq 6^oC$; pH<2 1:1 HCl (optional)	14/40 Days preserved; 7/40 Days unpreserved
Alkylated PAHs		Solid	8oz Glass	$\leq 10^oC$	1 Year/40 Days
Anions (Br, Cl, F, NO_2, NO_3, o-Phos, SO_4, bromate, chlorite, chlorate)	300.0/300.1/SM4110B	Water	Plastic/Glass	$\leq 6^oC$; EDA if bromate or chlorite run	All analytes 28 days except: NO_2, NO_3, o-Phos (48 Hours); chlorite (immediately for 300.0; 14 Days for 300.1). NO_2/NO_3 combo 28 days.
Anions (Br, Cl, F, NO_2, NO_3, o-Phos, SO_4, bromate, chlorite, chlorate)	300.0	Solid	Plastic/Glass	$\leq 6^oC$	All analytes 28 days except: NO_2, NO_3, o-Phos (48 hours); chlorite (immediately). NO_2/NO_3 combo 28 days.

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Anions (Br, Cl, F, NO_2, NO_3, o-Phos, SO_4	9056	Water/ Solid	Plastic/Glass	$\leq 6^oC$	48 hours
Aromatic and Halogenated Volatiles (see note 1)	8021	Solid	5035 vial kit	See note 1	14 days
Aromatic and Halogenated Volatiles	602/8021	Water	40mL vials	pH<2 HCl; $\leq 6^oC$; $Na_2S_2O_3$ if Cl present	14 Days (7 Days for aromatics if unpreserved)
Asbestos	EPA 600/R-93/116	Solid	Plastic/Glass; bulk- 2" square; popcorn ceiling- 2tbsp; soil- 4oz	None (handling must be done in HEPA filtered fume hood; drying may be required)	N/A
Bacteria, Total Plate Count	SM9221D	Water	Plastic/WK	$\leq 6^oC$; $Na_2S_2O_3$	24 Hours
Base/Neutrals and Acids	8270	Solid	8oz Glass	$\leq 6^oC$	14/40 Days
Base/Neutrals and Acids	625/8270	Water	1L Amber Glass	$\leq 6^oC$; $Na_2S_2O_3$ if Cl present	7/40 Days
Base/Neutrals, Acids & Pesticides	525.2	Water	1L Amber Glass	pH<2 HCl; $\leq 6^oC$; Na sulfite if Cl present	14/30 Days
Biomarkers		Water	$\leq 6^oC$; pH<2 1:1 HCl (optional)	14/40 Days preserved; 7/40 Days unpreserved	$\leq 6^oC$; pH<2 1:1 HCl (optional)
Biomarkers		Solid	$\leq 10^oC$	1 Year/40 Days	$\leq 10^oC$
BOD/cBOD	SM5210B	Water	Plastic/Glass	$\leq 6^oC$	48 hours
Boiling Range Distribution of Petroleum Fractions	ASTM D2887-98	Product	10mL glass vials	$\leq 6^oC$	N/A
BTEX/Total Hydrocarbons	TO-3	Air	Summa Canister	None	28 Days
BTEX/Total Hydrocarbons	TO-3	Air	Tedlar Bag or equivalent	None	72 Hours
Carbamates	531.1	Water	Glass	$Na_2S_2O_3$, Monochloroacetic acid pH <3; $\leq 6^oC$	28 Days
Carbamates	8318	Water	Glass	Monochloroacetic acid pH 4-5; $\leq 6^oC$	7/40 Days
Carbamates	8318	Solid	Glass	$\leq 6^oC$	7/40 Days

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Carbon Specific Isoptope Analysis (CSIA)	AM24	Water	40mL clear VOA vial with TLS	≤ 6°C, trisodium phosphate or HCl	N/A
Cation/Anion Balance	SM1030E	Water	Plastic/Glass	None	None
Cation Exchange	9081	Solid	8oz Glass	None	unknown
Cations (Ferrous Iron, Ferric Iron, Divalent Manganese)	7199 modified	Water	40mL clear VOA vials with mylar septum	≤ 6°C; HCl	48 Hours
Chloride	SM4500Cl-C,E	Water	Plastic/Glass	None	28 Days
Chlorinated Hydrocarbons in Vapor	AM4.02	Vapor	20cc vapor vial with flat septum	None	N/A
Chlorine, Residual	SM4500Cl-D,E,G/330.5/Hach 8167	Water	Plastic/Glass	None	15 minutes
Chlorophyll	SM10200H	Water	Opaque bottle or aluminum foil	≤ 6°C	48 Hours to filtration
COD	SM5220C, D/410.4/Hach 8000	Water	Plastic/Glass	pH<2 H_2SO_4; ≤ 6°C	28 Days
Coliform, Fecal	SM9222D	Water	100mL Plastic	≤ 10°C; $Na_2S_2O_3$	8 Hours
Coliform, Fecal	SM9222D	Solid	100mL Plastic	≤ 10°C; $Na_2S_2O_3$	24 Hours
Coliform, Fecal	SM9221E	Water	100mL Plastic	≤ 10°C; $Na_2S_2O_3$	8 Hours
Coliform, Fecal	SM9221E	Solid	100mL Plastic	≤ 10°C; $Na_2S_2O_3$	24 Hours
Coliform, Total	SM9222B	Water	100mL Plastic	≤ 10°C; $Na_2S_2O_3$	8 Hours
Coliform, Total	SM9221B	Solid	100mL Plastic	≤ 10°C; $Na_2S_2O_3$	8 Hours
Coliform, Total, Fecal and E. coli	Colilert/ Quanti-tray	Water	100mL Plastic	≤ 10°C; $Na_2S_2O_3$	8 Hours
Coliform, Total and E. coli	SM9223B	Drinking Water	100mL Plastic	≤ 10°C; $Na_2S_2O_3$	30 Hours
Color	SM2120B,E	Water	Covered Plastic/Acid Washed Amber Glass	≤ 6°C	48 Hours
Condensable Particulate Emissions	EPA 202	Air	Solutions	None	180 Days

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Cyanide, Reactive	SW846 chap.7	Water	Plastic/Glass	None	28 Days
Cyanide, Reactive	SW846 chap.7	Solid	Plastic/Glass	None	28 Days
Cyanide, Total and Amenable	SM4500CN-A,B,C,D,E,G,I,N/9010/ 9012/335.4	Water	Plastic/Glass	pH≥12 NaOH; ≤ 6°C; ascorbic acid if Cl present	14 Days (24 Hours if sulfide present- applies to SM4500CN only)
Diesel Range Organics- Alaska DRO	AK102	Solid	8oz Glass	≤ 6°C	14/40 Days
Diesel Range Organics- Alaska DRO	AK102	Water	1L Glass	pH<2 HCl; ≤ 6°C	14/40 Days
Diesel Range Organics- TPH DRO	8015	Solid	8oz Glass Jar	≤ 6°C	14/40 Days
Diesel Range Organics- TPH DRO	8015	Water	1L Amber Glass	≤ 6°C; $Na_2S_2O_3$ if Cl present	7/40 Days
Diesel Range Organics- TPH DRO	8015	Tissue	1L Amber Glass	≤ - 10°C	1 Year if frozen/40 Days
Diesel Range Organics- TPH DRO	TO-17	Air	Thermal desorption tubes via SKC Pocket Pumps or equivalent	≤ 6°C but above freezing	28 Days
Diesel Range Organics- NwTPH-Dx	Nw-TPH-Dx	Solid	8oz Glass Jar	≤ 6°C	14/40 Days
Diesel Range Organics- NwTPH-Dx	Nw-TPH-Dx	Water	1L Amber Glass	pH <2 HCl; ≤ 6°C	14/40 Days; 7 Days from collection to extraction if unpreserved
Diesel Range Organics- Wisconsin DRO	WI MOD DRO	Solid	Tared 4oz Glass Jar	≤ 6°C	10/47 Days
Diesel Range Organics- Wisconsin DRO	WI MOD DRO	Water	1L Amber Glass	≤ 6°C; pH <2 HCl	14/40 Days
Dioxins and Furans	1613B	Solid	8oz Glass	≤ 6°C	1 year
Dioxins and Furans	1613B	Water	1L Amber Glass	≤ 6°C; $Na_2S_2O_3$ if Cl present	1 year

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Dioxins and Furans	1613B	Fish/ Tissue	Aluminum foil	≤ 6°C	1 year
Dioxins and Furans	8290	Water	1L Amber Glass	≤ 6°C; $Na_2S_2O_3$ if Cl present	30/45 Days
Dioxins and Furans	8290	Solid	8oz Glass	≤ 6°C	30/45 Days
Dioxins and Furans	8290	Fish/ Tissue	Not specified	< -10°C	30/45 Days
Dioxins and Furans	TO-9	Air	PUF	None	7/40 Days
Diquat/Paraquat	549.2	Water	Amber Plastic	≤ 6°C; $Na_2S_2O_3$	7/21 Days
EDB/DBCP (8011) EDB/DBCP/1,2,3-TCP (504.1)	504.1/8011	Water	40mL vials	≤ 6°C; $Na_2S_2O_3$ if Cl present	14 Days
Endothall	548.1	Water	Amber Glass	≤ 6°C; $Na_2S_2O_3$	7/14 Days
Enterococci	EPA 1600	Water	100mL Plastic	≤ 10°C	8 Hours
Enterococci	Enterolert	Water	100mL Plastic	≤ 10°C; $Na_2S_2O_3$	8 Hours
Explosives	8330/8332	Water	1L Amber Glass	≤ 6°C	7/40 Days
Explosives	8330/8332	Solid	8oz Glass Jar	≤ 6°C	14/40 Days
Extractable Petroleum Hydrocarbons (aliphatic and aromatic)	NJ EPH	Water	1L Amber Glass	pH < 2 HCl; ≤ 6°C	14/40 Days
Extractable Petroleum Hydrocarbons (aliphatic and aromatic)	NJ EPH	Solid	4oz Glass Jar	≤ 6°C	14/40 Days
Extractable Petroleum Hydrocarbons (aliphatic and aromatic)	MA-EPH	Water	1L Amber Glass	pH<2 HCl; ≤ 6°C	14/40 Days
Extractable Petroleum Hydrocarbons (aliphatic and aromatic)	MA-EPH	Solid	4oz Glass Jar	≤ 6°C	7/40 Days
Fecal Streptococci	SM9230B	Water	100mL Plastic	≤ 10°C; $Na_2S_2O_3$	8 Hours
Ferrous Iron	SN3500Fe-D; Hach 8146	Water	Glass	None	Immediate

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Flashpoint/ Ignitability	1010	Liquid	Plastic/Glass	None	28 Days
Florida PRO	FL PRO DEP (11/1/95)	Liquid	Glass, PTFE lined cap	$\leq 6^oC$; pH <2 H_2SO_4 or HCl	7/40 Days
Fluoride	SM4500Fl-C,D	Water	Plastic	None	28 Days
Gamma Emitting Radionuclides	901.1	Water	Plastic/Glass	pH<2 HNO_3	180 days
Gasoline Range Organics	8015	Water	40mL vials	pH<2 HCl	14 Days
Gasoline Range Organics	8015	Solid	5035 vial kit	See note 1	14 days
Gasoline Range Organics (C3-C10)	8260B modified	Water	40mL vials	$\leq 6^oC$; HCl	14 Days
Gasoline Range Organics (C3-C10)	8260B modified	Solid	4oz Glass Jar	$\leq 6^oC$	14 Days
Gasoline Range Organics- Alaska GRO	AK101	Solid	5035 vial kit	See 5035 note*	28 Days if GRO only (14 Days with BTEX)
Gasoline Range Organics- Alaska GRO	AK101	Water	40mL vials	pH<2 HCl; $\leq 6^oC$	14 Days
Gasoline Range Organics- NwTPH-Gx	Nw-TPH-Gx	Water	40mL vials	pH<2 HCl; $\leq 6^oC$	7 Days unpreserved; 14 Days preserved
Gasoline Range Organics- NwTPH-Gx	Nw-TPH-Gx	Solid	40mL vials	$\leq 6^oC$; packed jars with no headspace	14 Days
Gasoline Range Organics- Wisconsin GRO	WI MOD GRO	Water	40mL vials	pH<2 HCl; $\leq 6^oC$	14 Days
Gasoline Range Organics- Wisconsin GRO	WI MOD GRO	Solid	40mL MeOH vials	$\leq 6^oC$ in MeOH	21 Days
Glyphosate	547	Water	Glass	$\leq 6^oC$; $Na_2S_2O_3$	14 Days (18 Months frozen)
Grain Size	ASTM D422	Solid	Not specified	Ambient	N/A
Gross Alpha (NJ 48Hr Method)	NJAC 7:18-6	Water	Plastic/Glass	pH<2 HNO_3	48 Hrs
Gross Alpha and Gross Beta	9310/900.0	Water	Plastic/Glass	pH<2 HNO_3	180 Days
Gross Alpha and Gross Beta	9310	Solid	Glass	None	180 Days
Haloacetic Acids	552.1/552.2	Water	40mL Amber vials	NH_4Cl; $\leq 6^oC$	14/7 Days if extracts stored $\leq 6^oC$ or 14/14 Days if extracts stored at $\leq -10^oC$

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Hardness, Total ($CaCO_3$)	SM2340B,C/130.1	Water	Plastic/Glass	pH<2 HNO_3	180 Days
Heterotrophic Plate Count (SPC/HPC)	SM9215B	Water	100mL Plastic	$\leq 10^oC$; $Na_2S_2O_3$	8 Hours
Heterotrophic Plate Count (SPC/HPC)	SimPlate	Water	100mL Plastic	$\leq 10^oC$; $Na_2S_2O_3$	8 Hours
Herbicides, Chlorinated	8151	Solid	8oz Glass Jar	$\leq 6^oC$	14/40 Days
Herbicides, Chlorinated	8151	Water	1L Amber Glass	$\leq 6^oC$; $Na_2S_2O_3$ if Cl present	7/40 Days
Herbicides, Chlorinated	515.1/515.3	Water	1L Amber Glass	$\leq 6^oC$; $Na_2S_2O_3$ if Cl present	14/28 Days
Hexavalent Chromium	7196/218.6/ SM3500Cr-B, C	Water	Plastic/Glass	$\leq 6^oC$	24 Hours (see note 4)
Hexavalent Chromium	218.6/SM3500Cr-B, C	Water	Plastic/Glass	Ammonium Buffer pH 9.3-9.7	28 Days (see note 4)
Hexavalent Chromium	218.6/218.7	Drinking Water	Plastic/Glass	Ammonium Buffer pH >8	14 Days (see note 4)
Hexavalent Chromium	7196 (with 3060A)	Solid	Glass	$\leq 6^oC$	30 Days from collection to extraction and 7 days from extraction to analysis
Hydrocarbons in Vapor	AM4.02	Vapor	20cc vapor vial with flat septum	None	N/A
Hydrogen by Bubble Strip	SM9/AM20GAx	Water	20cc vapor vial with stopper septum	None	14 Days
Hydrogen Halide and Halogen Emissions	EPA 26	Air	Solutions	None	6 Months
Ignitability of Solids	1030	Non-liquid Waste	Plastic/Glass	None	28 Days
Lead Emissions	EPA 12	Air	Filter/Solutions	None	6 Months
Light Hydrocarbons by Bubble Strip	SM9/AM20GAx	Water	20cc vapor vial with stopper septum	None	14 Days
Light Hydrocarbons in Vapor	AM20GAx	Vapor	20cc vapor vial with flat septum	None	14 Days

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Lipids	Pace Lipids	Tissue	Plastic/Glass	≤ -10°C	1 Year if frozen
Mercury, Low-Level	1631E	Solid	Glass	None	28 Days
Mercury, Low-Level	1631E	Water	Fluoropolymer bottles (Glass if Hg is only analyte being tested)	12N HCl or BrCl	48 Hours for preservation or analysis; 28 Days to preservation if sample oxidized in bottle; 90 Days for analysis if preserved
Mercury, Low-Level	1631E	Tissue	Plastic/Glass	≤ - 10°C	28 Days if frozen
Mercury	7471	Solid	8oz Glass Jar	≤ 6°C	28 Days
Mercury	7470/245.1/245.2	Water	Plastic/Glass	pH<2 HNO_3	28 Days
Mercury	7471/245.6	Tissue	Plastic/Glass	≤ - 10°C	28 Days if frozen
Metals (GFAA)	7000/200.9	Water	Plastic/Glass	pH<2 HNO_3	180 Days
Metals (ICP)	NIOSH 7300A/7303	Air	Filters	None	180 Days
Metals (ICP/ICPMS)	6010/6020	Solid	8oz Glass Jar	None	180 Days
Metals (ICP/ICPMS)	6010/6020/200.7/200.8	Water	Plastic/Glass	pH<2 HNO_3	180 Days
Metals (ICP/ICPMS)	6020	Tissue	Plastic/Glass	≤ -10°C	180 Days if frozen
Methane, Ethane, Ethene	8015 modified	Water	40mL vials	HCl	14 Days
Methane, Ethane, Ethene	RSK-175; PM01/AM20GAx	Water	20mL vials	HCl; or trisodium phosphate or benzalkonium chloride and ≤ 6°C	14 Days; 7 Days unpreserved
Methane, Ethane, Ethene	EPA 3C	Air	Summa Canister	None	28 Days
Methane, Ethane, Ethene	EPA 3C	Air	Tedlar Bag or equivalent	None	5 Days
Methanol, Ethanol	8015 modified	Water	40mL vials	≤ 6°C	14 Days
Methanol, Ethanol	8015 modified	Solid	2oz Glass	≤ 6°C	14 Days
Methyl Mercury	1630	Water	Teflon/ fluoropolymer	Fresh water- 4mL/L HCl; Saline water- 2mL/L H_2SO_4 (must be preserved within 48 hours of collection)	6 months

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Methyl Mercury	1630	Tissue	2-4oz glass jar	≤ 0°C	28 Days; ethylated distillate 48 hours
Nitrogen, Ammonia	SM4500NH3/350.1	Water	Plastic/Glass	pH<2 H_2SO_4; ≤ 6°C	28 Days
Nitrogen, Total Kjeldahl (TKN)	351.2	Solid	Plastic/Glass	≤ 6°C	28 Days
Nitrogen, Total Kjeldahl (TKN)	SM4500-Norg/351.2	Water	Plastic/Glass	pH<2 H_2SO_4; ≤ 6°C	28 Days
Nitrogen, Nitrate	SM4500-NO3/352.1	Water	Plastic/Glass	≤ 6°C	24 Hours preferred
Nitrogen, Nitrate & Nitrite combination	353.2	Solid	Plastic/Glass	≤ 6°C	28 Days
Nitrogen, Nitrate & Nitrite combination	SM4500-NO3/353.2	Water	Plastic/Glass	pH<2 H_2SO_4; ≤ 6°C	28 Days
Nitrogen, Nitrite or Nitrate separately	SM4500-NO2/353.2	Water	Plastic/Glass	≤ 6°C	48 Hours
Nitrogen, Organic	SM4500-Norg/351.2	Water	Plastic/Glass	pH<2 H_2SO_4; ≤ 6°C	28 Days
Non-Methane Organics	EPA 25C	Air	Summa Canister	None	28 Days
Non-Methane Organics	EPA 25C	Air	Tedlar Bag or equivalent	None	72 Hours
Odor	SM2150B	Water	Glass	≤ 6°C	24 Hours
Oil and Grease/HEM	1664A/SM5520B/9070	Water	Glass	pH<2 H_2SO_4 or HCl; ≤ 6°C	28 Days
Oil and Grease/HEM	9071	Solid	Glass	≤ 6°C	28 Days
Oil Range Organics	8015	Solid	Glass	≤ 6°C	14/40 Days
Oil Range Organics	8015	Water	Glass	≤ 6°C	7/40 Days
Organic Matter	ASA 29-3.5.2	Solid	Plastic/Glass	None; samples air-dried and processed prior to analysis	N/A
Oxygen, Dissolved (Probe)	SM4500-O	Water	Glass	None	15 minutes
Oxygenates on Product (GCMS SIM)	1625 modified	Product	10mL glass vial	≤ 6°C	14 Days (7 Days from extraction)
PBDEs	1614	Water	1L Amber Glass	≤ 6°C	1 Year/1 Year
PBDEs	1614	Solid	Wide Mouth Jar	≤ 6°C	1 Year/1 Year
PBDEs	1614	Tissue	Aluminum Foil	≤ -10°C	1 Year/1 Year

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
PCBs and Pesticides, Organochlorine (OC)	TO-4/TO-10	Air	PUF	None	7/40 Days
PCBs and Pesticides, Organochlorine (OC)	608	Water	1L Amber Glass	$\leq 6^oC$; $Na_2S_2O_3$ if Cl present	Pest: 7/40 Days; PCB: 1 Year/1 Year
PCBs, Pesticides (OC), Herbicides	508.1	Water	Glass	Na2SO3; pH<2 HCl; $\leq 6^oC$	14/30 Days
PCBs, total as Decachlorobiphenyl	508A	Water	1L Glass, TFE lined cap	$\leq 6^oC$	14/30 Days
Perchlorate	331	Water	Plastic/Glass	$\geq$0-6^oC, field filtered with headspace	28 Days
Permanent Gases (O2, N2, CO2)	RSK-175; PM01/AM20GAx	Water	40mL vials	benzalkonium chloride and $\leq 6^oC$	14 Days
Permanent Gases by Bubble Strip	SM9/AM20GAx	Water	20cc vapor vial with stopper septum	None	14 Days
Permanent Gases in Vapor	AM20GAx	Vapor	20cc vapor vial with flat septum	None	14 Days
Pesticides, Organochlorine (OC)	8081	Water	1L Amber Glass	$\leq 6^oC$; $Na_2S_2O_3$ if Cl present	7/40 Days
Pesticides, Organochlorine (OC)	8081	Solid	8oz Glass Jar	$\leq 6^oC$	14/40 Days
Pesticides, Organochlorine (OC)	8081	Tissue	8oz Glass Jar	$\leq -10^oC$	1 Year if frozen/40 Days
Pesticides, Organophosphorous (OP)	8141	Solid	8oz Glass Jar	$\leq 6^oC$	14/40 Days
Pesticides, Organophosphorous (OP)	8141	Water	1L Amber Glass	pH 5-8 with NaOH or H_2SO_4; $\leq 6^oC$; $Na_2S_2O_3$ if Cl present	7/40 Days
PCBs (Aroclors)	8082	Water	1L Amber Glass	$\leq 6^oC$; $Na_2S_2O_3$ if Cl present	1 Year/1 Year
PCBs (Aroclors)	8082	Solid	8oz Glass Jar	$\leq 6^oC$	1 Year/1 Year
PCBs (Aroclors)	8082	Tissue	Plastic/Glass	$\leq -10^oC$	1 Year if frozen/1 Year

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
PCB Congeners	1668A	Water	1L Amber Glass	≤ 6°C but above freezing	1 Year/1 Year
PCB Congeners	1668A	Solid	4-8oz Glass Jar	≤ 6°C but above freezing	1 Year/1 Year
PCB Congeners	1668A	Tissue	4-8oz Glass Jar	≤ -10°C	1 Year/1 Year
Paint Filter Liquid Test	9095	Water	Plastic/Glass	None	N/A
Particle Size	ASA 15-5 modified	Solid	Plastic/Glass (100g sample)	None	N/A
Particulates	PM-10	Air	Filters	None	180 Days
Permanent Gases	EPA 3C	Air	Summa Canister	None	28 Days
Permanent Gases	EPA 3C	Air	Tedlar Bag or equivalent	None	5 Days
pH	SM4500H+B/9040	Water	Plastic/Glass	None	15 minutes
pH	9045	Solid	Plastic/Glass	None	7 Days
Phenol, Total	420.1/420.4/9065/9066	Water	Glass	pH<2 H_2SO_4; ≤ 6°C	28 Days
Phosphorus, Orthophosphate	SM4500P/365.1/365.3	Water	Plastic	≤ 6°C	Filter within 15 minutes, Analyze within 48 Hours
Phosphorus, Total	SM4500P/ 365.1/365.3/365.4	Water	Plastic/Glass	pH<2 H_2SO_4; ≤ 6°C	28 Days
Phosphorus, Total	365.4	Solid	Plastic/Glass	≤ 6°C	28 Days
Polynuclear Aromatic Hydrocarbons (PAH)	TO-13	Air	PUF	None	7/40 Days
Polynuclear Aromatic Hydrocarbons (PAH)	TO-17	Air	Thermal desorption tubes via SKC Pocket Pumps or equivalent	≤ 6°C but above freezing	28 Days
Polynuclear Aromatic Hydrocarbons (PAH)	8270 SIM	Solid	8oz Glass Jar	≤ 6°C	14/40 Days
Polynuclear Aromatic Hydrocarbons (PAH)	8270 SIM	Water	1L Amber Glass	≤ 6°C; $Na_2S_2O_3$ if Cl present	7/40 Days

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Polynuclear Aromatic Hydrocarbons (PAH)	8270 SIM	Tissue	Plastic/Glass	≤ -10°C	1 Year if frozen/40 Days
Purgeable Organic Halides (POX)	9021	Water	Glass; no headspace	≤ 6°C	14 Days
Radioactive Strontium	905.0	Water	Plastic/Glass	pH<2 HNO_3	180 days
Radium-226	903.0/903.1	Water	Plastic/Glass	pH<2 HNO_3	180 days
Radium-228 (see note 3)	9320/904.0	Water	Plastic/Glass	pH<2 HNO_3	180 days
Radium-228 (see note 3)	9320	Solid	Plastic/Glass		
Residual Range Organics- Alaska RRO	AK103	Solid	8oz Glass	≤ 6°C	14/40 Days
Saturated Hydrocarbons		Water	≤ 6°C; pH<2 1:1 HCl (optional)	14/40 Days preserved; 7/40 Days unpreserved	≤ 6°C; pH<2 1:1 HCl (optional)
Saturated Hydrocarbons		Solid	≤ 10°C	1 Year/40 Days	≤ 10°C
Silica, Dissolved	SM4500Si-D	Water	Plastic	≤ 6°C	28 Days
Solids, Settleable	SM2540F	Water	Glass	≤ 6°C	48 Hours
Solids, Total	SM2540B	Water	Plastic/Glass	≤ 6°C	7 Days
Solids, Total	SM2540G	Solid	Plastic/Glass	≤ 6°C	7 Days
Solids, Total (FOC, OM, Ash)	ASTM D2974	Solid	Plastic/Glass	≤ 6°C	7 Days
Solids, Total Dissolved	SM2540C	Water	Plastic/Glass	≤ 6°C	7 Days
Solids, Total Suspended	SM2540D/USGS I-3765-85	Water	Plastic/Glass	≤ 6°C	7 Days
Solids, Total Volatile	160.4/SM2540E	Water	Plastic/Glass	≤ 6°C	7 Days
Solids, Total Volatile	160.4	Solid	Plastic/Glass	≤ 6°C	7 Days
Specific Conductance	SM2510B/9050/120.1	Water	Plastic/Glass	≤ 6°C	28 Days
Stationary Source Dioxins and Furans	EPA 23	Air	XAD Trap	None	30/45 Days
Stationary Source Mercury	EPA 101	Air	Filters	None	180 Days, 28 Days for Hg
Stationary Source Metals	EPA 29	Air	Filters	None	180 Days, 28 Days for Hg
Stationary Source PM10	EPA 201A	Air	Filters	None	180 Days

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Stationary Source Particulates	EPA 5	Air	Filter/Solutions	None	180 Days
Sulfate	SM4500SO4/9036/9038/375.2/ASTM D516	Water	Plastic/Glass	$\leq 6^oC$	28 Days
Sulfide, Reactive	SW-846 Chap.7	Water	Plastic/Glass	None	28 Days
Sulfide, Reactive	SW-846 Chap.7	Solid	Plastic/Glass	None	28 Days
Sulfide, Total	SM4500S/9030	Water	Plastic/Glass	pH>9 NaOH; ZnOAc; $\leq 6^oC$	7 Days
Sulfite	SM4500SO3	Water	Plastic/Glass	None	15 minutes
Surfactants (MBAS)	SM5540C	Water	Plastic/Glass	$\leq 6^oC$	48 Hours
Total Alpha Radium (see note 3)	9315/903.0	Water	Plastic/Glass	pH<2 HNO_3	180 days
Total Alpha Radium (see note 3)	9315	Solid	Plastic/Glass	None	180 days
Total Inorganic Carbon (TIC)	PM01/AM20GAx	Water	40mL VOA vial with mylar septum	$\leq 6^oC$	14 Days
Total Organic Carbon (TOC)	SM5310B,C,D/9060	Water	Glass	pH<2 H_2SO_4 or HCl; $\leq 6^oC$	28 Days
Total Organic Carbon (TOC)	9060/Walkley Black/Lloyd Kahn	Solid	Glass	$\leq 6^oC$	14 Days
Total Organic Halogen (TOX)	SM5320/9020	Water	Glass; no headspace	$\leq 6^oC$	14 Days
Total Petroleum Hydrocarbons (aliphatic and aromatic)	TPHCWG	Water	40mL vials	pH<2 HCl, no headspace, $\leq 6^oC$	7 Days
Total Petroleum Hydrocarbons (aliphatic and aromatic)	TPHCWG	Solid	Glass	$\leq 6^oC$	14 days
Tritium	906.0	Water	Glass	None	180 days
Turbidity	SM2130B/180.1	Water	Plastic/Glass	$\leq 6^oC$	48 Hours
Total Uranium	908.0/ASTM D5174-97	Water	Plastic/Glass	pH<2 HNO_3	180 days
UCMR Metals	200.8	Water	Plastic or glass	pH<2 HNO_3	28 Days
UCMR Hexavalent Chromium	218.7	Water	HDPE or propylene	Na_2CO_3/$NaHCO_3$/ $(NH_4)_2SO_4$; pH>8	14 Days
UCMR Chlorate	300.1	Water	Plastic or glass	EDA	28 Days
UCMR Perfluorinated Compounds	537	Water	Polypropylene	Trizma	14 Days

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
UCMR 1, 4 Dioxane	522	Water	Glass	Na_2SO_3, $NaHSO_4$; pH<4	28 Days
UV254	SM5910B	Water	Glass	≤ 6°C	48 Hours
Vermiculite	EPA 600/R-93/116	Solid	Plastic/Glass	None (handling must be done in HEPA filtered fume hood; drying may be required)	N/A
Volatile Fatty Acids	AM21G	Water	40mL clear VOA vials	≤ 6°C	21 Days
Volatile Fatty Acids (low level)	AM23G	Water	40mL clear VOA vials	≤ 6°C with benzalkonium chloride	14 Days
Volatile Petroleum Hydrocarbons (aliphatic and aromatic)	MA-VPH	Water	40mL vials	pH<2 HCl; ≤ 6°C	14 Days preserved
Volatile Petroleum Hydrocarbons (aliphatic and aromatic)	MA-VPH	Solid	4-8oz Glass Jar	≤ 6°C; packed jars with no headspace	7/28 Days
Volatiles	TO-14	Air	Summa Canister	None	28 Days
Volatiles	TO-14	Air	Tedlar Bag or equivalent	None	72 Hours
Volatiles	TO-15	Air	Summa Canister or Tedlar Bag	None	28 Days
Volatiles	TO-17	Air	Thermal desorption tubes via SKC Pocket Pumps or equivalent	≤ 6°C but above freezing	28 Days
Volatiles	TO-18/8260	Air	Tedlar Bag or equivalent	None	72 Hours
Volatiles	8260	Solid	5035 vial kit	See note 1 (analyze for acrolein and acrylonitrile per local requirements)	14 days
Volatiles	8260	Water	40mL vials	pH<2 HCl; ≤ 6°C; $Na_2S_2O_3$ if Cl present (preserve and analyze for acrolein and acrylonitrile per local requirements)	14 Days

Parameter	Method	Matrix	Container	Preservative	Max Hold Time
Volatiles	8260	Conc. Waste	5035 vial kit or 40mL vials	≤ 6°C	14 Days
Volatiles	624	Water	40mL vials	pH<2 HCl; ≤ 6°C; $Na_2S_2O_3$ if Cl present (or unpreserved if run within 7 days of collection) (preserve and analyze for acrolein and acrylonitrile per local requirements)	14 Days (7 Days for aromatics if unpreserved)
Volatiles (see note 2)	524.2	Water	40mL vials (in duplicate)	pH<2 HCl; ≤ 6°C; Ascorbic acid or $Na_2S_2O_3$ if Cl present[2]	14 Days
Whole Oil	ASTM D3328 (prep); ASTM D5739	Product	10mL glass vials	≤ 6°C	N/A

[1] **5035/5035A Note**: 5035 vial kit typically contains 2 vials water, preserved by freezing **or**, 2 vials aqueous sodium bisulfate preserved at 4°C, **and** one vial methanol preserved at ≤6°C **and** one container of unpreserved sample stored at ≤6°C.

[2] Method 524.2 lists ascorbic acid as the preservative when residual chlorine is suspected, unless gases or Table 7 compounds are NOT compounds of interest and then sodium thiosulfate is the preservative recommended.

[3] Methods 9315 and 9320 both state that if samples are unpreserved, the samples should be brought to the lab within 5 days of collection, preserved in the lab, and then allowed to sit for a minimum of 16 hours before sample preparation/analysis.

[4] The holding time for hexavalent chromium may be extended by the addition of the ammonium buffer listed in EPA 218.6 per the 2012 EPA Method Update Rule. Although Method 218.6 stipulates a different pH range (9.0 to 9.5) for buffering, this method requirement was modified in the Method Update Rule to a pH range of 9.3 to 9.7.For non-potable waters, adjust the pH of the sample to 9.3 to 9.7 during collection with the method required ammonium sulfate buffer to extend the holding time to 28 days. For potable waters, addition of the buffer during collection will extend the holding time for 14 days per EPA 218.7 and the EPA UCMR program.